



LAKESHORE
TECHNICAL COLLEGE

FOUNDATION

I/we want to make a donation to support the Lakeshore Technical College!

Name: _____

Company: _____

Contact Person: _____

Address: _____

Phone Number _____ Email: _____

Donation Options:

My check payable to the LTC Foundation, Inc. is enclosed.

My company will match this gift! *(Company Form is Enclosed)*

Please charge my credit card for \$ _____

Card Holder Name: _____

Card #: _____ Exp: ____/____/____

LTC Staff Only: Please deduct my contribution from my payroll check:

One lump sum of \$ _____ on ____/____/____

In equal installments of \$ _____ beginning ____/____/____ to ____/____/____

My Gift Supports:

My gift is unrestricted. Please use it where need is greatest.

My gift is restricted to scholarship support.

Other _____

Authorized Donor Signature: _____ Date: _____

The LTC Foundation is a 501 (c) 3 organization. Your gift is tax deductible to the extent allowed by law. Thank you for your support.