



DONOR INFORMATION

Name: _____ NWTC Alum

Organization (if applicable): _____

Address: _____

Phone: _____

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I WISH TO CONTRIBUTE

\$ _____ annually over _____ years

for a total gift of \$ _____.

CHECK - MAKE PAYABLE TO: NWTC Educational Foundation
P.O. Box 19042 Green Bay WI 54307-9042

OR

ONLINE GIVING AT: nwtc.edu/GiveNow
Select "Making College Possible Scholarship Endowment – Shawano"

Please contact me about including NWTC Foundation as a charity beneficiary in my will, IRA or life insurance.

Please contact me about creating a new scholarship named after myself, a company, or a person I would like to honor.

FY24 Shawano

**Thank you for supporting
Shawano area students!**



NWTC
FOUNDATION
Making College Possible

FOR MORE INFORMATION:

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Office: 715-732-3878, Cell: 715-853-2420

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