

CONTRIBUTION FORM

Employee ID: _____

Name: _____

I want my donation to go to:

☐ **NWTC Fund:** Area of greatest need/reaches more students

☐ **Existing Named Scholarship:** _____

I wish to give by:

☐ **Cash/Check attached**

Amount: \$ _____

Checks payable to NWTC Foundation

THANK YOU for helping students soar higher!

Please return completed form to
FOUNDATION/DO207 no later
than **AUGUST 22, 2025.**



NWTC
FOUNDATION
Making College Possible

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