



NWTC
FOUNDATION
Making College Possible

DONOR INFORMATION

Date: _____

Name: _____

Organization (if applicable): _____

Address: _____

Phone: _____ Email: _____

GIFT DESIGNATION – *Please choose from the below options*

- Named Scholarship:** Award in your name, your business name, or pay tribute to loved ones.
Recommended minimum \$750 award. Multi-year pledges are appreciated.

Scholarship Name: _____

- Student Emergency Fund:** Decrease number of students who drop out of college due to financial obstacles such as a car repair, medical or childcare costs.
- NWTC Fund:** Support the area of greatest need.

SCHOLARSHIP AWARDING – *If you set up a scholarship, please choose from the below options*

- General:** Award based on financial need and academic achievement
- Specific:** Contact me about specific student eligibility criteria (i.e. certain degrees)

GIFTAMOUNT

I/We wish to contribute

\$_____ annually over _____ years for a total gift of \$_____

- Check - Make payable to and mail:** NWTC Educational Foundation, P.O. Box 19042, Green Bay WI 54307

- Online giving (credit cards accepted), go to:** www.nwtc.edu/givenow

Signature: _____

Change Lives. Change Our Community. Thank you!

For more information: Crystal Harrison, Foundation Director; (920) 498-5541; crystal.harrison@nwtc.edu