

## DONOR INFORMATION

Name: \_\_\_\_\_ ☐ NWTC Alum

Organization (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## 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](http://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.

FY23 Shawano

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



NWTC  
**FOUNDATION**  
*Making College Possible*

### FOR MORE INFORMATION:

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