

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

Gift Amount \$ _____

Check enclosed (please make check payable to **MATC Foundation**)

Please bill me in: quarterly/semi-annually/one-time installment(s) beginning _____ / _____

Credit Card _____ one-time charge _____ quarterly _____ monthly

MasterCard _____ Visa _____

Account Number: _____ Expiration Date _____

Security Code _____ Signature _____

My employer has a Matching Gift Program. The form is enclosed.

_____ I give permission to release my name as a donor _____ I would like to remain anonymous

Please see designation options on reverse side.

I'd like to designate my gift to the following: (Please check all that apply)

_____ Alumni Scholarship Endowment

_____ MATC Centennial Fund for Student Success

_____ First Semester New Student Fund

_____ Workforce Investment Now

_____ Student Access Fund for Emergencies

_____ General Scholarship Fund

_____ Other _____

For a complete list of scholarship programs please see our website at www.matc.edu.

Workforce Investment Starts Here

