

YES! I will attend the Milwaukee Area Technical College Foundation
Partners in Excellence Scholarship Recognition Dinner

Name _____
PLEASE PRINT

_____ Number of Guests x \$55

Name(s) of Guest(s) _____

List additional guests on reverse

I am representing _____
DONOR/COMPANY

Name of scholarship if applicable _____
SCHOLARSHIP NAME

I am unable to attend but please accept this gift for your scholarship program.

Amount enclosed: \$ _____

METHOD OF PAYMENT

Credit Card _____

Card Type _____

Card Number _____

Expiration Date _____

Signature _____

Check Enclosed
Please make check payable to
MATC Foundation.

(SEE REVERSE)

Please respond by March 15, 2010.

Call the MATC Foundation at
414-297-6627 with questions.

Workforce Investment Starts Here

 **MILWAUKEE AREA *Technical College***
FOUNDATION, Inc.

Additional Guests

PLEASE PRINT

Number of Regular Meals _____

Number of Vegetarian Meals _____

Workforce Investment Starts Here

 MILWAUKEE AREA **Technical College**
FOUNDATION, Inc.