



Donation Form

Donor Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Email: _____

I would like to make a gift of \$_____.

Check enclosed. Please make gifts payable to "WCC Foundation."

Charge my credit card: Visa Mastercard American Express

Card Number: _____

Expiration: _____

Signature: _____

Please direct my gift to: Where the need is greatest

Specific fund: _____

My gift is made In Honor of: _____

In Memory of: _____

My employer has a matching gift program, and the form is enclosed.

Please make this gift anonymous

Please return to:

Washtenaw Community College Foundation
Student Center Building, Suite 304
4800 East Huron River Drive
Ann Arbor, Michigan 48105-4800