

**Name(s):** Click here to enter text.

**Email:** Click here to enter text. **Phone:** Click here to enter text.

**Address:** Click here to enter text.

**City:** Click here to enter text. **State:** Click here to enter text. **Zip:** Click here to enter text.

**Job Title:** Click here to enter text. **Company Name:** Click here to enter text.[ ]  My company will match this gift. Please either enclose the printed matching gift form or initiate the match on your company’s website.

**Please direct my gift to:**

[ ]  Madison College Forward Fund (Best Use)

[ ]  Student Scholarships

[ ]  Foundation Endowment

[ ]  The following program or scholarship fund: Click here to enter text.

*To split your gift between funds please indicate the name and amount for each fund.* Click here to enter text.

**Payment Options:**

Please charge $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to my credit card.

[ ]  Visa [ ]  Mastercard [ ]  Discover [ ]  American Express

Card Number: Click here to enter text. Expiration Date: CVV/CSC: Click here to enter text.

[ ] Billing address is different from above
 **Address:** Click here to enter text.

 **City:** Click here to enter text. **State:** Click here to enter text. **Zip:** Click here to enter text.

[ ]  Check enclosed *(Please make checks payable to Madison College Foundation)*

**Other**

[ ]  I wish to remain anonymous

[ ]  Please contact me with information about planned giving.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*All gifts are tax deductible as allowed by law.*

**Please return this form to:**

Madison College Foundation

3591 Anderson Street, Suite 203A

Madison WI 53704-2599

**All gifts are greatly appreciated. Thank you!**

3591 Anderson St ■ Suite 203A ■ Madison, WI 53704

(608) 246-6441 ■ Fax: (608) 246-6318 ■ http://www.supportmadisoncollege.org