

Madison College Retiree Association Enrollment Form

Name _____

Email Address _____

Phone (home) _____

Enclosed is my contribution to the Madison College Foundation

___\$25 To help with the expenses of the Retirees Association

___\$___ To help with the Foundation's Scholarship Program

___\$___ Total enclosed, Check payable to Madison College Foundation

Please charge \$___ to credit card number ____-____-____-____ Exp. Date __/__/__ CCV code ____

Return to Madison College Foundation, 1701 Wright Street, Madison, WI 53704.

Let us know—Do you prefer getting this newsletter by US Mail or by email?