

KALAMAZOO VALLEY COMMUNITY COLLEGE FOUNDATION

I/we would like to support the Kalamazoo Valley Community College students with an unrestricted gift of:

- Gift Amount** \$_____ Please make checks payable to: *The Kalamazoo Valley Community College Foundation*
Your contribution is tax deductible to the full extent of federal and state laws.

I would like to charge my gift to my credit card: VISA MASTERCARD
Card Number _____ Expiration Date _____ Signature _____

- Amount Pledged** \$_____ Please invoice me annually semi-annually quarterly

For KVCC Employees Only:

- I would like to make this gift through payroll deduction. Please deduct \$_____ per pay period.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ EMAIL _____

I would like to designate this gift to an established fund, (fund name): _____

My employer has a matching gift program. The matching gift form is enclosed.

I would like a KVCC Foundation representative to contact me about planned giving opportunities.

Signature _____ KVCC ID# _____ Date ____ / ____ / ____

Your Gift Supports:

*Student Scholarships - Educational Endowments
Program Enrichment - Campus & Cultural Development*

**THANK YOU for your gift to the
KALAMAZOO VALLEY COMMUNITY COLLEGE FOUNDATION**