



# West Shore Community College Foundation Donation Form

## Donor Information

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Name(s): \_\_\_\_\_

Donor to be acknowledged if different from above: \_\_\_\_\_

Donor name(s) as you would like it to appear in publications: \_\_\_\_\_

Check this box if you prefer to remain anonymous.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: . Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

*(By providing an e-mail address I authorize West Shore Community College Foundation to send periodic updates and information.)*

Have you taken a class at WSCC? (Please circle) YES NO

## Gift Details and Financial Information

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I would like my gift of \$ \_\_\_ to support the \_\_\_\_\_

I would like my gift to be in HONOR or MEMORY of: *(please circle type and print name)*

\_\_\_\_\_

Send acknowledgement of honor or memorial gift to: \_\_\_\_\_

Full Address: \_\_\_\_\_

I am enclosing a check or money order in the amount of \$ \_\_\_\_\_

I am using a credit card for a gift of \$ \_\_\_\_\_ and the name of the card is: \_\_\_\_\_

Please circle the type of card: **Visa** **MasterCard**

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

*Card billing address if different than above (required for processing and for your protection).*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: . Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please make payable and mail to:  
West Shore Community College Foundation  
Attn: Tasha Dault  
PO Box 277  
Scottville, MI 49454**