

## BECOME A DONOR!

Complete this form and mail with your payment to:  
West Shore Community College Foundation,  
PO Box 277  
Scottville, MI 49454  
Thank you for your support!



**2019-2020**

### Performing Arts Program Directors' Circle Membership

Yes, I would like to remain/become a member of the Director's Circle of the West Shore Community College Foundation for the 2019-2020 Performing Arts Season by making a minimum donation of \$500 to help the Performing Arts Program at the College become great!

Desired Membership       Individual     Couple      Date \_\_\_\_\_

My gift or pledge is       \$500       \$750       \$1,000       Other

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email address \_\_\_\_\_

I have enclosed a check in the amount of \$\_\_\_\_\_ made payable to "WSCC Foundation"

Please bill my gift to:       MasterCard       Visa       Discover

Card No. \_\_\_\_\_

Amount \$\_\_\_\_\_ Exp. Date\_\_\_\_\_ CVC Code \_\_\_\_\_  
(Code on back of credit card)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Name as it appears on the credit card)

I wish to pay \$\_\_\_\_\_       Monthly       Quarterly       Semiannually

Please invoice me on the payment period indicated above.

Significant deductions may be available for you. Please contact Tasha Dault at 231.843.5805 or email [tdault@westshore.edu](mailto:tdault@westshore.edu) for additional information.