



GIFT FORM

Yes, I/we want to make a donation to support Fox Valley Technical College students and programs!

First Name: _____ Last Name: _____

Company Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

I/we would like to support the FVTC Foundation by:

\$ _____ One-Time Gift

OR

\$ _____ Per year over the following number of years 3 years 5 years

Signature (Required): _____

Date: _____

Payment Information:

- Check Enclosed (Please make payable to FVTC Foundation, Inc.)
- Bill Me at Address Above
- Give Online! www.fvtc.edu/donate

My Gift Supports:

- Unrestricted Funds (Area of Greatest Need)
- General Scholarship Fund
- Existing Scholarship or Fund (Please List): _____

Please print name as you wish it to appear in all recognition material: _____

Contact Information

FVTC Foundation, Inc. ♦ P.O. Box 2277 ♦ 1825 N. Bluemound Drive ♦ Appleton, WI 54912-2277
(920) 735-5608 – foundation@fvtc.edu

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