



## DONOR INFORMATION

Name: \_\_\_\_\_  NWTC Alum

Organization (if applicable): \_\_\_\_\_

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

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## I WISH TO CONTRIBUTE

\$ \_\_\_\_\_ annually over \_\_\_\_\_ years

for a total gift of \$ \_\_\_\_\_.

**CHECK - MAKE PAYABLE TO:** NWTC Educational Foundation  
P.O. Box 19042 Green Bay WI 54307-9042

OR

**ONLINE GIVING AT:** [nwtc.edu/](http://nwtc.edu/)  
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