

CONTRIBUTION FORM

Employee ID: _____

Name: _____

I want my donation to go to:

- NWTC Fund:** Where it is needed the most
- Student Emergency Fund**
- College is Possible:** Need-based scholarships
- Existing Named Scholarship:** _____
- Create my own named scholarship** (*minimum \$750 contribution*)

I wish to give by:

- Cash/Check attached**

Amount: \$ _____

Checks payable to NWTC Foundation

THANK YOU for helping students soar higher!

Please return
completed form to
FOUNDATION/DO207.



NWTC
FOUNDATION
Making College Possible

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