
I/we want to make a donation to support the Lakeshore College!

Name: _____

Company: _____

Contact Person: _____

Address: _____

Phone Number _____ Email: _____

Donation Options:

☐ My check payable to the Lakeshore College Foundation, Inc.
is enclosed.

☐ My company will match this gift! (*Company Form is Enclosed*)

☐ Please charge my credit card for \$ _____

Card Holder Name: _____

Card #: _____ Exp: ____/____/____

☐ Lakeshore Staff Only: Please deduct my contribution from my payroll

check: One lump sum of \$ _____ on ____/____/____

In equal installments of \$ _____ beginning ____/____/____ to ____/____/____

My Gift Supports:

☐ Please use it where need is greatest.

☐ My gift is for scholarship support.

☐ Other _____

Authorized Donor Signature: _____ Date: _____

The Lakeshore College Foundation is a 501 (c) 3 organization. Your gift is tax deductible to the extent allowed by law. Thank you for your support.
