



LAKE MICHIGAN[®] C O L L E G E

FOUNDATION

DONOR INFORMATION (please print)

Donor Name: _____ Spouse Name (if applicable): _____
Contact Name: _____ Phone: _____ E-mail: _____
Street Address: _____ City/State/Zip: _____

PLEDGE INFORMATION

I/we pledge \$_____ to Lake Michigan College for _____. This pledge will be paid over _____ years (1 to 3 years). Payment reminders will be sent out as requested.

The first pledge payment of \$_____ is enclosed.

Please send reminders as follows (select one):

Annually Month: _____ Amount: \$ _____
Semi-Annually Months: _____ Amount: \$ _____
Quarterly Months: _____ Amount: \$ _____

For recognition purposes, please print my/our name as follows:

I wish to keep this gift to be anonymous.

Donor Signature

Date

Please return completed form to:

Lake Michigan College Foundation
2755 E. Napier Avenue
Benton Harbor MI 49022
Fax: (269) 927-6590

Questions? Contact:

Doug Schaffer, Vice President Advancement & Community Impact
e-mail: dschaffer@lakemichigancollege.edu
Phone: (269) 927-8120