

**Chippewa Valley Technical College Foundation, Inc.**

**Yes!** I'd like to make a gift to the Respiratory Therapist Scholarship Fund.

**Please accept my gift for:**  \$50  \$100  \$250  \$500  \$ Other\_\_\_\_\_

**Gift Payment Options:**

My check is enclosed (please make checks payable to the CVTC Foundation)

Charge my gift to:  Visa  Mastercard  Discover

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Signature \_\_\_\_\_

Name(s) \_\_\_\_\_

Class Year \_\_\_\_\_

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City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

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**Please send information about . . .**

- providing for the CVTC Foundation in my will.
- making a major gift to the CVTC Foundation.
- yes, the CVTC Foundation is already in my will.

**Double your contribution through your company's matching gift program!**

**Please enclose form available from your employer.**

Your contribution is tax deductible as allowable by law. Thank you for support of CVTC!