

*Yes!* I would like to contribute \$\_\_\_\_\_ to help support the Macomb Center for the Performing Arts.

**PLEASE USE MY GIFT FOR:**

- Annual programs and activities     Endowment Fund  
 Where it is needed most

\_\_\_\_\_  
DONOR NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
HOME PHONE (with area code)

\_\_\_\_\_  
CELL / WORK PHONE (with area code)

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
NAME AS YOU WOULD LIKE IT TO APPEAR IN PUBLICATIONS

TRIBUTE     IN MEMORY OF  \_\_\_\_\_

My check is enclosed  
(make check payable to MCC Foundation)

Bill my:     VISA     MasterCard     Discover Card

\_\_\_\_\_  
CARD NUMBER

\_\_\_\_\_  
SECURITY CODE (as listed on back of card)

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
SIGNATURE OF CARDHOLDER

**MY GIFT QUALIFIED FOR MATCHING FUNDS  
FROM MY EMPLOYER:**

- My matching gift form is enclosed.  
 I DO NOT want any gifts or complimentary tickets that may be associated with this contribution.  
 I prefer this gift to remain anonymous.

Your contribution is tax deductible within the limits of the law.

**PLEASE MAIL FORM TO:**

Macomb Community College Foundation  
14500 E. 12 Mile Rd., Warren, MI 48088-3896

For more information call: 586.286.2095



Macomb Center  
For The Performing Arts

MACOMB COMMUNITY COLLEGE