

CONTRIBUTOR CARD

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

NAME (as you would like it to appear in publications)

ORGANIZATION NAME

ADDRESS

CITY

STATE

ZIP

PHONE with area code(Home)

PHONE with area code(Work)

EMAIL

- My check is enclosed
(make check payable to MCC Foundation)
- Bill my:** VISA MasterCard Discover Card
 American Express

CARD NUMBER

SECURITY CODE (as listed on back of card)

EXPIRATION DATE

SIGNATURE OF CARDHOLDER

My gift qualifies 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 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 Office
14500 E. 12 Mile Rd., Warren, MI 48088-3896



**Macomb Center
For The Performing Arts**

MACOMB COMMUNITY COLLEGE