



ANNUAL GIVING FORM

DONOR INFORMATION

Name: _____	Employer: _____
Home Address 1: _____	Job Title: _____
Home Address 2: _____	Business Address 1: _____
City, State, Zip: _____	Business Address 2: _____
Home Phone: _____	City, State, Zip: _____
Mobile Phone: _____	Business Phone: _____
Home Email: _____	Business Email: _____

- I am a Mountwest/Marshall Community & Technical College alumni.
Year of graduation: _____

GIFT INFORMATION

My Gift/Pledge

- I would like to make a gift to the Mountwest Foundation of \$_____.
- I would like to make a pledge of \$_____, payable over _____ years, beginning _____ (month/year).
- Enclosed is my first installment.

My Payment

- Enclosed is my check, payable to the **Mountwest Foundation**.
- Please invoice me at the following address for my gift/pledge (select one):
- Home Business
- I authorize the Mountwest Foundation to collect my gift of \$_____ through my (circle one):



Name of Cardholder: _____

Card #: _____ Expiration Date: _____ Security Code: _____

Signature: _____

Matching Gift

- My company will match my gift!
Enclosed is my matching gift form from _____ (company).

Gift Designation

I would like my gift to support:

- | | |
|---|---|
| <input type="checkbox"/> Academic Programs | <input type="checkbox"/> Student Scholarships |
| <input type="checkbox"/> Capital Improvements | <input type="checkbox"/> Other: _____ |

Please return your completed form to: Mountwest Foundation, Inc. | One Mountwest Way | Huntington, WV 25701

For questions about Annual Giving, contact our office at 304.710.3271 or foundation@mctc.edu