Monroe Community College Foundation

Alumni Advantage Program





Name (please print)	
Maiden name or name while at MCC (if a	oplicable)
Email	
Home address	
Home phone	Cell phone
Business name and address	
	B : 1
$\hfill\Box$ I give my permission to have my name published as a	contributor to Monroe Community College. Please use the listing specified above.
Banner ID or Student ID	
	Year of graduation from MCC
Major course of study	
	College with a contribution to the MCC Annual Fund in the amount be enrolled in the MCC Foundation Alumni Advantage Program for tion.
Signature	Date
METHOD OF PAYMENT	
☐ Enclosed is my check, payable to Mon	roe Community College Foundation, in the amount of \$150.
OR,	
☐ Charge my contribution in the amount	of \$150 to (circle one): Visa® MasterCard®
Name on credit card (please print)	
Account no.	Exp. date
Signature (credit card holder only)	
Alumni and Annual Giving Coordinator, Mc Once your registration form is received and	nunity College Foundation by mail, email or fax to: Karen Shaw, onroe Community College Foundation, at the address below. processed (please allow 5–6 business days), you will receive a ation. Note: If you are enrolling in the program today and wish
For Office Use Only:	
Application approved:Amount paid:	
Enrollment period:	through .