

Monroe Community College Foundation
Alumni Advantage Program
Registration Form



Name (please print) _____

Maiden name or name while at MCC (if applicable) _____

Email _____

Home address _____

Home phone _____ Cell phone _____

Business name and address _____

_____ Business phone _____

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 _____

Years attended MCC _____ Year of graduation from MCC _____

Major course of study _____

Yes! I intend to support Monroe Community College with a contribution to the MCC Annual Fund in the amount of \$150. By doing so, I understand that I will be enrolled in the MCC Foundation Alumni Advantage Program for a period of one year from the date of registration.

Signature _____ Date _____

METHOD OF PAYMENT

Enclosed is my check, payable to Monroe 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) _____

Please return this form to the Monroe Community College Foundation by mail, email or fax to: Karen Shaw, alumni and annual giving coordinator, Monroe Community College Foundation, at the address below. Once your registration form is received and processed (please allow 5–6 business days), you will receive parking information photo ID information via email. Note:

For Office Use Only:

Application approved: _____

Amount paid: _____

Enrollment period: _____ through _____