Monroe Community College Foundation

Alumni Advantage Program





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
Car make, model, color and license plate number	
$\hfill \square$ 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	
Yes! I intend to support Monroe Community College wit amount of \$150. By doing so, I understand that I will be Program for a period of one year from the date of registr	enrolled in the MCC Foundation Alumni Advantage
Signature	Date
METHOD OF PAYMENT	
☐ Enclosed is my check, payable to MCC Foundati	on, in the amount of \$150.
OR,	
$\hfill\Box$ 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)	CVV
Please return this form to the Monroe Community Coalumni and annual giving coordinator, Monroe Community your registration form is received and processed (pleas information and photo ID information via email.	nity College Foundation, at the address below. Once
For Office Use Only:	
Application approved:	
Amount paid:	<u></u>
Enrollment period:	through