



## Letter of Intent

### Scholarship Campaign

 Changing Lives Nursing, Main Campus Nursing, Van Wert Presidential Alumni Legacy Other \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State,, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

### ONE TIME CONTRIBUTION

**YES!** I would like to make a **one-time** contribution of \$ \_\_\_\_\_ to Northwest State Community College Foundation to the *designation noted above*.

 Check (**enclosed**) – *please make all checks payable to the NSCC Foundation.* Credit Card Card Type: ↑ Visa ↑ MasterCard

Card # \_\_\_\_\_ Exp: \_\_\_\_\_ 3Digit VIN number: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

### PLEDGE

**YES!** I would like to make a pledge of \$ \_\_\_\_\_ to Northwest State Community College Foundation to the *designation noted above*.

**My support will cover a period of:** ↑ One year ↑ Two years ↑ Three years

In increments of \$ \_\_\_\_\_ per year for a total of \$ \_\_\_\_\_ by:

 Check (**enclosed**) – *please make all checks payable to the NSCC Foundation.* Credit Card: Card Type: ↑ Visa ↑ MasterCard

Card # \_\_\_\_\_ Exp: \_\_\_\_\_ 3 Digit VIN number: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

*Please forward your completed form to and payment to:*

**Robbin Wilcox**

**Northwest State Community College Foundation**

**22600 State Rt. 34**

**Archbold, OH 43502-9542**