

Lake Superior College Foundation Contribution Form

You can make a difference in the lives of our students by contributing to the LSC Foundation scholarship fund of your choice.

Special Giving Categories

President's Club	\$1,000 or more = \$39/pp	College Club	\$100 or more = \$4/pp
Foundation Sponsors	\$500 or more = \$20/pp	Donor's Club	\$50 or more = \$2/pp
Foundation Charter Club	\$250 or more = \$10/pp	pp = pay period deduction	

Yes, I wish to support the LSC Foundation by contributing to the following funds.

Please indicate the amount of your gift next to the scholarships and funds you wish to support.

- | | |
|---|---|
| \$ _____ Auto Service Technology | \$ _____ James A. and Mary L. Knight |
| \$ _____ Board Determined | \$ _____ Kim Chapman (Radiologic Tech.) |
| \$ _____ Broadcasting | \$ _____ Linda Sillanpa (AD Nursing) |
| \$ _____ Center for Student Development | \$ _____ Marlis & Don Runnberg (Disabilities) |
| \$ _____ COACT (Duluth-low income) | \$ _____ Mary Koski |
| \$ _____ Computer Programming | \$ _____ Patricia and Edward Nelson Northern Waters |
| \$ _____ CSI (Construction) | \$ _____ Physical Therapy Clinic |
| \$ _____ Dental Hygiene | \$ _____ Practical Nursing |
| \$ _____ Future Trust | \$ _____ Student Life |
| \$ _____ General Operating | \$ _____ Student Senate |
| \$ _____ Harold P. Erickson Memorial | \$ _____ Tom Hill Memorial |
| \$ _____ Hilltop Lions Club | \$ _____ Trustee Erickson (Part-time Student) |
| \$ _____ Hunt Family | \$ _____ Virtual Campus |

Method of Payment

PAYROLL DEDUCTION Deduct a total of \$ _____ from my payroll each pay period.

My signature below authorizes my employer to deduct this amount each scheduled pay period. This deduction will continue in subsequent years at this rate, unless I revise it by submitting a new Contribution Form. I may revoke this authorization, in writing, at any time.

I am **NEW** to the Payroll Deduction program. **Add or Change** the existing Payroll Deduction.

Cash gift of \$ _____ My check, made payable to the LSC Foundation, is enclosed.

Credit card Please charge my gift of \$ _____ to ____ Visa ____ MasterCard.
Card # _____ Exp. Date _____

Donor Name: _____
Home Address: _____ Phone: _____
Signature: _____ Date: _____

**Return contribution form and payment to the LSC Foundation office.
All gifts to the Lake Superior College Foundation are tax-deductible.**

Thank you for your generosity!