



Thank you for your generosity

Donation Form

Education is a lifetime investment. When you give to Bellin College, your support aids in student success during school and after graduation. Our alumni are making a positive impact in healthcare across Wisconsin and beyond. Your investment in Bellin College can fuel the education of tomorrow's healthcare professionals today.

Contributor(s) Name: \_\_\_\_\_

Relationship to Bellin College:  Alumni (class of \_\_\_\_\_)  Employee  Friend  Other: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred Contact Method:  Phone  E-mail  Mail

Please put this contribution toward:

- Endowed Scholarship (\$25,000 initial investment)
 Annual Scholarship (\$1,000 initial investment)
 Add to existing scholarship (name) \_\_\_\_\_
 College Operations
 General Scholarship Fund
 Other \_\_\_\_\_

Also...

- Please make my gift in honor of \_\_\_\_\_
 Please make my gift in memory of \_\_\_\_\_
 Please keep my generosity anonymous.
 Please send me more information about planned giving to the Legacy Society.

Matching Gift

- My employer offers matching gifts. Paperwork has been completed and submitted.
 Please assist in completing the enclosed forms for a matching gift.

Method of Payment:

Check enclosed (made payable to Bellin College)  Pledge  Internal Bellin Transfer

Please charge \$ \_\_\_\_\_ to my credit card: VISA, MasterCard, Discover, American Express

One time Gift only

Monthly until \_\_\_\_\_ (Date) for a total of \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Name on card \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_

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

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

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please submit this form to:

Bellin College Development Department, 3201 Eaton Rd., Green Bay, WI 54311
Fax: (920) 433-1922 • E-mail: info@bellincollege.edu.

