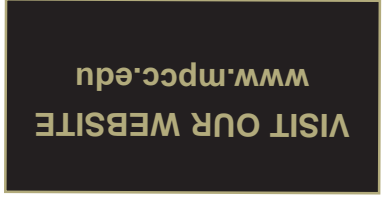


**Friend-raising
and
Fund-raising**

- Please call Me-I want to get involved
- Yes, I wish to discuss a donation



Consider becoming involved with the North Platte Community College Foundation

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail address _____

Program Affiliation _____ Graduation Year _____

**Friend-raising
and
Fund-raising**

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 83 NORTH PLATTE NE

POSTAGE WILL BE PAID BY ADDRESSEE

North Platte Community College Foundation
P.O. Box 487
North Platte, NE 69101



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

