

Today's Vision...Tomorrow's Reality

Pledge of Support

My/Our total gift is \$ _____

My/Our pledge is \$ _____ per year
for _____ years.

*(If your pledge will span multiple years, we respectfully
request a maximum of five years.)*

Please start my gift on: _____ (mm/dd/yyyy)

MY/OUR GIFT IS DESIGNATED FOR

- MCC Events Center Amount \$ _____
- MCC Best Use Fund Amount \$ _____
- NPCC Health Complex Amount \$ _____
- NPCC Best Use Fund Amount \$ _____
- Other (please specify) _____

Pledge Payment(s):

I wish to pay my pledge:

- Monthly Quarterly Semi-Annually Yearly

Please send an Invoice or Statement as a reminder.

COLLEGE FOUNDATION CONTACT

North Platte Community College Foundation

Dr. Scott French
601 West State Farm Rd.
North Platte, NE 69101
308-535-3721
npccfoundation@mpcc.edu
<http://www.mpcc.edu>

McCook College Foundation

Stephanie R. Gunter
206 East 1st Street • PO Box 195
McCook, NE 69001
308-345-5233
mcfoundation@mccooknet.com
<http://www.mccookcollegefoundation.org>

Today's Vision...Tomorrow's Reality

**YES! I/We support the
MPCC Today's Vision...Tomorrow's Reality
A Foundation for Progress Campaign**

PAYMENT INFORMATION

Donation Payment(s):

Enclosed is a check for \$: _____

Please make checks payable to:

- McCook College Foundation
- North Platte Community College Foundation
- My gift will be matched by _____

RECOGNITION INFORMATION

Donor(s) Name: _____

Donor(s) Address: _____

City/State/Zip: _____

Telephone: (____) _____

Signature: _____

Date: _____

Email address: _____

This gift is to honor: _____

I wish to remain anonymous.