

I would like to support the *Excellence in Education Endowment Fund*

I pledge \$_____ per year for _____ years for a total of \$_____

Please bill me:

monthly

quarterly

semi-annually

annually

payroll deduction - Employer: _____

Beginning on: (date) _____

Enclosed is my first payment of \$_____

Visa, MasterCard # _____ Exp. Date _____

Signature _____ Date _____

Name(s) as it should be listed _____

Address _____

Telephone # _____ E-Mail _____

Please make checks payable and return to:

The Marquette Community Foundation

P.O. Box 37

Marquette, MI 49855

906-226-7666 mcf@chartermi.net

or

The Alger Regional Community Foundation

PO Box 39, Munising, MI 49862

906-387-3900 algercf@jamadots.com

I would like more information on

The ARCF and MCF

Including the ARCF or MCF

in my Estate planning

Making a non-cash gift

Thank You!