



Return this completed form to:
 Office of Development
 1833 W. Southern Avenue
 Mesa, AZ 85202
 (p) 480.461.7200
 (f) 480.461.7250

Employee Giving

“Together for Greatness”

METHOD

Payroll (board approved only)

I authorize the following to be deducted each pay period through MCCCDC payroll deduction* (check one):

- | | |
|-------------------------------|--|
| <input type="checkbox"/> \$5 | <input type="checkbox"/> \$100 |
| <input type="checkbox"/> \$10 | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$500 |
| <input type="checkbox"/> \$50 | <input type="checkbox"/> Other (specify) _____ |

*The amount selected will be deducted from each paycheck. Commitments made through payroll will be honored annually and renewed automatically. Payroll deduction may be adjusted or stopped at any time by notifying the Development Office in writing. Payroll deduction will begin with the first pay period after the form has been processed and is an option available to board approved employees only.

Check (adjunct, OYO, OSO, RPS, temporary, other)

I would like to make a one-time contribution of: _____ (please attach a check made payable to MCCC)

PREFERENCES

I would like to designate my gift as follows:

- MCC Scholarship Endowment Fund (need and merit based)
 Other (specify) _____

(write in a fund designation, a complete list is available online at www.mccdevelopment.edu)

- I would like to create a new support fund for MCC (you will be contacted by the Development Office)
 I would like to endow my gift (\$10,000 minimum over a maximum five year period)
 I would like my gift to be anonymous

Gifts are managed by the Maricopa Community Colleges Foundation, a 501(c)(3) organization. Contributions are tax deductible to the fullest extent of the law. A charitable gift receipt will be mailed by the Foundation to the address provided below.

Name: _____ print Employee ID: _____ eight digits

Department: _____ Employee Group: _____

Mailing Address (gift receipt): _____ street city state zip

Signature: _____ Date: _____

Thank you!

For Official Use Only (check one):

- New
 Updated

Development: _____ received by _____ date _____ Payroll: _____ entered by _____ date _____

A Maricopa Community College. The Maricopa County Community College District is an EEO/AA institution.