## MCC FACULTY & STAFF GIVING FORM

#BeMoreAtMCC

Name	:Employee ID:	MCC Alumni: Yes No
Stree	t:City:	State: Zip:
Email	:Phone:	Birthday:
Name(	s) as you would like it to appear in the annual report of donors: refer that my gift is anonymous and do not wish for my name to be publish  MY COMMITMENT  Equal installments of \$ deducted from each paycheck tota  I would like this deduction to continue until I notify the MCC Fou	ed. What is your pay cycle?  Bi-weekly  Monthly Monthly Bing \$ per fiscal year (July 1 - June 30).
STEP .	One payment of \$, deducted from my paycheck in  I prefer to make an immediate one-time gift of \$	
STEP 2	MY GIFT DESIGNATION  My gift is to be used as follows (please choose one of the following options):  MCC Annual Fund (Area of greatest need). Specific Campus?:  Existing Scholarship/Program Fund(s):	Amount: \$
STEP 3	MY GIFT FULFILLMENT  I prefer to fulfill my commitment as follows (please choose one of the following options):  Payroll deduction as noted above  My check is enclosed (made payable to the MCC Foundation with gift designation in the memo ling Credit Card  I prefer to provide a one-time payment Make your gift online now at mcckc.edu/ginvia check or credit card in (month) (year).  A reminder of this pleage will be sent at the appropriate time.	CREDIT CARD PAYMENT Fill out information here or make your gift online now at mcckc.edu/give  Credit Card: Visa Mastercard  CC#:
	 Signature Date	Signature: Print Name:

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Please make a copy for your records and email to mcc.foundation@mcckc.edu

Metropolitan Community College Foundation | 3200 Broadway, Kansas City, MO 64111 or send inter-office to MCC Foundation



mcckc.edu/foundation 816.604.1195 mcc.foundation@mcckc.edu

