



**Monroe Community
College Foundation**

**2016-2017 Annual Fund for Monroe Community College
Gift/Pledge Form**

YES! I want to help MCC students achieve their dreams of a high quality college education.

Name(s) _____

Address _____

City _____ State ____ Zip _____ Phone (____) _____

E-mail _____

Gift/pledge \$ _____

Enclosed is a check made payable to the MCC Foundation

I am an MCC faculty/staff member and wish to use payroll deduction to make my gift. I authorize MCC to make _____ (maximum of 24) deductions of \$ _____ from each paycheck beginning on _____.

Signature _____ Date _____

Please charge my Visa MasterCard

Is this a business or personal card?

Name as it appears on card _____

Account # _____ Expiration Date: _____

Signature _____

Please bill me: Semi-annually Quarterly Monthly

Name as you would like to see it in print _____

Special instructions _____

I wish to remain anonymous.

This is an honor/memorial for _____

Please fax or send to: MCC Foundation, 228 East Main Street, Rochester, NY 14604

◆Phone: 585-262-1500 ◆Fax: 585-262-1515 ◆www.monroecc.edu