



Monroe Community  
College Foundation

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**ANNUAL FUND FOR MONROE COMMUNITY COLLEGE  
GIFT/PLEDGE FORM**

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

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Gift/pledge \$ \_\_\_\_\_

Is this gift in response to a mailing/event you attended? \_\_\_\_\_

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Enclosed is a check made payable to the MCC Foundation

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Please charge my  Visa  MasterCard

Is this a  business or  personal card?

Name as it appears on card \_\_\_\_\_

Account # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature \_\_\_\_\_ CVV: \_\_\_\_\_

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Please bill me:  Semi-annually  Quarterly  Monthly

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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 \_\_\_\_\_

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Name as you would like to see it in print \_\_\_\_\_

Special instructions \_\_\_\_\_

I wish to remain anonymous.

This is an honor/memorial for \_\_\_\_\_