



**Monroe Community  
College Foundation**

**2015-2016 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 \$ \_\_\_\_\_

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☐ Enclosed is a check made payable to the MCC Foundation

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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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Please charge my ☐ Visa ☐ MasterCard

Is this a ☐ business or ☐ personal card?

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

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

Signature \_\_\_\_\_

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☐ Please bill me: ☐ Semi-annually ☐ Quarterly ☐ Monthly

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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 \_\_\_\_\_