

Yes! I want to help the MCC Foundation support MCC students, faculty, and staff through scholarships, capital improvements, and professional development.



THE McLENNAN COMMUNITY COLLEGE FOUNDATION

Employee Giving Form

Name _____
Address _____
City _____ State _____ Zip _____
Phone # _____ E-mail address _____

(1) Amount of Gift (if lump sum) \$_____ or (if installment) \$_____ per installment

(2) Please Use This Gift For:

- Scholarship Fund
- Professional Development Fund
- Capital Fund
- Undesignated Fund
- New Fund (we will contact you)

(3) To Be Paid:

- Monthly
- Quarterly
- Semiannually
- Annually
- One-Time Gift
- Payroll Deduction (see #5)

(4) Paid By:

- Check
- American Express
- Discover
- MasterCard
- Visa

Acct. # _____

Exp. Date _____ Security Code _____

Name and mailing address for card billing:

(5) Payroll Deduction Options (Circle A, B, or C)

Option A

I would like to make a firm pledge of \$_____ per payroll period deducted from my check until my total pledge of \$_____ is paid in full. Please terminate withholding when pledge is paid in full.

Option B

I would like to begin regular withholding of \$_____ per payroll period deducted from my check until I contact you in writing to terminate withholding.

Option C

I would like to begin regular withholding of \$_____ per payroll period deducted from my check until my pledge of \$_____ to the _____ fund is paid in full. After that pledge is paid in full, continue withholding \$_____ per payroll period for the _____ fund until I contact you in writing to terminate withholding.

(6) Check all that apply:

- I would like to designate my gift to a specific program, fund, or activity. (Please identify) _____
- I would like to make my donation in honor of a loved one or friend. (Please provide name) _____
- I would like to discuss establishing a fund named after me, a friend or family member. (We will contact you.)
- I would like annual payment reminders sent to me.
- I give permission to list my name in the Foundation's annual report. (All information is personal and confidential unless you check here.)
- I cannot pledge at this time. Please contact me on _____ (date) to pledge in the future.

Signature

Date

Return to: The McLennan Community College Foundation • Harry I. Harelik, Executive Director
1400 College Drive • Waco, TX 76708 • 254.299.8606 • Fax 254.299.8484