

## Make An Impact!

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Home Address: \_\_\_\_\_ MCC Grad?  Yes    Grad Year: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Full-time Staff       Part-time Staff       Faculty       Adjunct Faculty

### What to Support:

- |   |  |
|---|--|
| <input type="checkbox"/> Academic Programs              | <input type="checkbox"/> Student Support Services              |
| <input type="checkbox"/> Community and Civic Engagement | <input type="checkbox"/> Textbooks and Transportation Services |
| <input type="checkbox"/> Scholarships                   | <input type="checkbox"/> <b>Where It's Needed Most</b>         |

Other: \_\_\_\_\_

### How to Support:

#### PAYROLL DEDUCTION

- Deduct recurring gifts of \$\_\_\_\_\_ each pay period  
 Change my current payroll deduction to \$\_\_\_\_\_ per pay period  
 Deduct a one-time gift of \$\_\_\_\_\_ from my next paycheck
- I authorize Manchester Community College to deduct the above amount from my paycheck

#### CHECK/Cash

- Enclosed is my gift of \$\_\_\_\_\_ (make checks payable to **MCC Foundation, Inc.**)

#### CREDIT CARD

Frequency:  \$\_\_\_\_\_ MONTHLY, for \_\_\_\_\_ months    **OR**     \$\_\_\_\_\_ One-time charge

Type of Card:  American Express       MasterCard       Visa       Discover

Card Number \_\_\_\_\_ Exp \_\_\_\_\_ CID \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Date: \_\_\_\_\_

Make my donation anonymous

*Thank you*

Please return completed and signed form to the Advancement Office, MS #6 / SSC L231  
**Double your support!** Your spouse's employer may match gifts. Please inquire with employer or our office.  
MCC Foundation, Inc. is a 501(c)3 non-profit organization. Your gift is tax deductible to the extent allowed by law.