

Faculty and Staff Giving Form



Name _____

Title _____

ID# _____ Phone _____ Email _____

Status (circle one): Full-time Part-time Campus (circle one): Blue Bell Pottstown

Yes! I would like to make a gift to Montgomery County Community College Foundation.

Please fulfill my gift as follows:

BY PAYROLL DEDUCTION:

- I wish to make a recurring gift through payroll deduction of: \$50 each pay period \$20 each pay period
 \$10 each pay period \$5 each pay period \$ _____ each pay period

I understand my gift will be deducted from my paycheck starting immediately and will be deducted continuously throughout my employment. Please notify the Foundation to change or cancel your payroll deduction.

BY CHECK:

Enclosed is my check in the amount of \$_____ payable to Montgomery County Community College Foundation. Mail to: Montgomery County Community College Foundation, Parkhouse, 340 DeKalb Pike, Blue Bell, PA 19422

BY CREDIT CARD:

Please contact the Foundation at 215-641-6324, visit www.mc3.edu/heart or scan the QR Code:



GIFT DESIGNATION:

- Greatest needs of the College Challenger Center Fund
 Blue Bell Campus Scholarship Athletics Fund
 Pottstown Campus Scholarship Student Emergency Grant Fund for Blue Bell
 Employee Memorial Scholarship Student Emergency Grant Fund for Pottstown
 Stock Up for Success Pantry Other: _____
 My gift is made (circle one) in memory / in honor of: _____

Please notify _____ of this gift at (address) _____

Thank you for supporting Montgomery County Community College Foundation! Your support is vital to our students.

Please sign, date, and return this form to the Foundation Office in Parkhouse 91.

Signature: _____ Date: _____

Questions? Contact the Foundation at 215-641-6324 or Foundation@mc3.edu.

Office Use Only _____

Pledge/RD ID _____ Pledge Start Date _____

DSD ID _____ Per Pay Amt _____ Batch ID _____

MC3.EDU/HEART