



FACULTY/STAFF CONTRIBUTION FORM

Payroll Deduction (Full-Time Employees ONLY)

- I wish to donate \$... per paycheck to the... Fund through biweekly payroll deductions until I notify the Business Office otherwise.
I wish to Pledge a total of \$... to the... Fund through biweekly payroll deductions of \$...
I want to donate \$... to the... Fund through ONE payroll deduction on the next available payroll processing date or the future date of...

Payment by check or credit card

- My check in the amount of \$... payable to Marymount Manhattan College is enclosed.
Please charge \$... to my credit card for the... Fund

Payment Frequency: One-Time Monthly*

Card Type: MasterCard Visa AMEX

Name on card:

Card number: Exp. Date Sec. Code

*Your credit card will be charged at the specified frequency until the Institutional Advancement is notified otherwise.

Contact and Acknowledgment Information

Name: Title:

Department: Please select one: Faculty Administration/Staff

Phone #: Home Cell Office Email:

Home street address:

City: State: Zip:

This gift is made in honor or in memory (circle one) of:

I wish this gift to remain anonymous.

Signature

Date

Gifts and pledge payments are fully deductible as allowed by law. You will receive a cumulative tax year-end statement of your donations for tax purposes.

You can make your gift online at www.mmm.edu/Donate

PLEASE RETURN THIS FORM TO:

The Office of Institutional Advancement • 221 East 71st St • New York, NY 10021 212-517-0460 • Fax 212-517-0465