

MHCC Staff Giving Form



Complete this form to contribute a tax-deductible gift in support of MHCC's students and programs. Every gift makes a difference!

First and Last Name: _____

Department: _____

Phone: _____

Email: _____

GIFT DESIGNATION

Greatest Need

General Foundation Scholarships

Scholarship or Program Fund: _____

If no selection is made, your gift will go to the Greatest Need.

Enroll or Update Payroll Deductions

This will be a continuous deduction until the HR office is advised to discontinue.

\$10 each month (\$5 each pay period)

\$20 each month (\$10 each pay period)

\$50 each month (\$25 each pay period)

Other: \$ _____ each month

Keep Current Payroll Deductions

Pledge to Give a One-Time Gift

I will give \$ _____ online at mhcc.edu/Foundation

I will mail a check for \$ _____ to the MHCC Foundation

Signature

Date

Thank you for your generosity!