

Leading The Way — The Family Campaign Contribution Form

Information about you:

Ms. / Mr.
Mrs. / Dr.

Name: First Middle Last Title

Home Address _____ Campus Address _____

City _____ State _____ Zip _____ I'm an MDC graduate, class of _____, and my last name before marriage was _____

Home Phone _____ E-mail _____ Spouse's name (with MDC class year, if applicable) _____

Giving Options (Please choose one of the options listed below)

- I am enclosing a check payable to MDC Foundation for the amount of: \$ _____.
- I am enclosing a cash donation for the amount of: \$ _____.
- I would like to give through payroll deduction (please complete payroll deduction section to the right).

or

- Please charge my credit card in the amount of \$ _____.
- Visa MasterCard American Express Discover

Account No.: _____ Exp. Date: _____

Signature: _____

For payroll deduction, please complete this section.

Effective _____, deduct \$ _____ per pay period (based on 24 pay periods)

I wish to contribute _____ years.
A pledge may be made for up to 5 years.

Matching Gifts

If you or your spouse are eligible for a corporate matching gifts program, please contact the company to arrange to have your gift matched.

MDC Foundation is a 501(c)(3) corporation and contributions made are tax deductible to the extent permitted by the law.

Return to: **MDC Foundation**
300 N.E. Second Ave., Room 4102
Miami, Florida 33132-2204
Phone: 305-237-3240
Fax: 305-237-7501

