



Please fill out and send to the address below in care of:
The Foundation for Mott Community College

Name _____

Address _____

City _____ State _____ Zip _____

Phone(_____) _____ Email _____

Please accept my gift of \$_____ to the foundation for MCC at the level checked:

___ Platinum \$1200 ___ Gold \$1000 ___ Silver \$500 ___ Bronze \$250

___ Dean's Cir \$150 ___ Scholarship \$100 ___ Friends \$50 ___ Black & Gold \$25

METHOD OF PAYMENT

___ Personal Check

___ Credit Card (please indicate name of credit card)

Total amount to be charged \$_____

Name as it appears on card (please print)

Credit Card No. _____

Expiration _____ / _____

Authorizing Signature _____

AVAILABLE TO EMPLOYEES ONLY

___ Payroll Pledge

Deduct \$_____ from () 20, () 26, () pays for a total of \$_____

Signature of Employee _____

The Foundation for Mott Community College
1401 E. Court St. Flint, MI 48503-2089
Phone: 810.762.0425 Fax: 810.762.0561