



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
 Other Amount \$_____

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 _____ Date _____

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