



**FACULTY AND STAFF CONTRIBUTION FORM 2023**

NAME: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
DEPARTMENT: \_\_\_\_\_  
PHONE EXTENSION: \_\_\_\_\_

**Yes, I would like to support our students by making a gift to one of the following areas:**

- ☐ Maria Fund (Area of Greatest Need)
- ☐ Scholarships
  - ☐ Specific Scholarship Fund (if applicable)
- ☐ Frank E. O'Brien Jr. Student Support Center
- ☐ Other: \_\_\_\_\_

**I would like to donate:**

☐ **One-Time Gift:** \$ \_\_\_\_\_

- ☐ **Check**
  - ☐ Please make your check out to *Maria College*
  - ☐ In the memo list *Employee 2023 Campaign*.
  - ☐ You may drop off your check to Erica Warner, Institutional Advancement in Marian Hall 101
- ☐ **Credit Card**

<b><u>Name on Card</u></b>	
<b><u>Card Number</u></b>	
<b><u>Expiration Date</u></b>	
<b><u>CVC</u></b>	
<b><u>Zip Code</u></b>	

**Payroll Deduction:**

I authorize the Human Resources/Payroll Office to deduct \$ \_\_\_\_\_ each pay period, beginning \_\_\_\_\_.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Please Check, if applicable, \_\_\_\_ I would like this deduction to be automatically renewed each year unless I notify the Human Resources/Payroll Office.