Faculty & Staff CONTRIBUTION FORM

Name:			< <	because) F
Email:				MARIA	
Department:			C	CARES	4
Phone Ext:			AA	CARES ING SERV	
☐ Yes! I would like to make a	gift to Maria College.				
I wish to designate my gift to: The Maria Fund (Unrestricted gifts to the Maria Fund are applied where need is greates					
☐ Maria Cares (Gifts go to students in need with unforseen finanial hardships.)					
	□ Other:			•	
Please choose one of the follow	ing:				
PAYROLL DEDUCTION AU	THORIZATION				
☐ I would like to make a one	time charitable contribution. Please deduct	t \$ f	rom my next	paycheck.	
☐ I authorize the Business Of	fice to deduct \$———— each pay peri	iod, beginning —			
Signature:	Da	te:		-	
☐ I would like this deduction	to be automatically renewed each year unle	ss I notify the Bus	iness Office.		
CREDIT CARD					
	Gift amount: \$				
	Ex				
Signature:	Da				
CHECK					
	able to Maria College in the amount of \$ —	·			

All contributions are tax-deductible to the extent permissible by law.

 \square My spouse works for a company that will match our gift.