

Faculty & Staff
CONTRIBUTION FORM 2019-2020



Name: _____

Email: _____

Department: _____

Phone Ext: _____

Yes! I would like to make a gift to Maria College.

PAYROLL DEDUCTION AUTHORIZATION

I authorize the Business Office to deduct \$ _____ each pay period, beginning _____

I would like this deduction to be automatically renewed each year unless I notify the Business Office.

I would like to make a **one time** charitable contribution. Please deduct \$ _____ from my next paycheck.

Signature: _____ Date: _____

CREDIT CARD

Visa/MC/Amex (circle one)

Gift amount: \$ _____

Name as it appears on card: _____

Credit Card Number: _____ Expiration Date: _____

CVV Code: _____ Billing Zip Code: _____

Signature: _____ Date: _____

CHECK

I am enclosing a check payable to Maria College in the amount of \$ _____ .

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

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

Maria College, Office of Development, 700 New Scotland Avenue, Albany, NY 12208
Questions? Please contact the Office of Development at 518-861-2596. **Thank you for supporting Maria College!**