

Faculty & Staff
CONTRIBUTION FORM



Name: _____

Email: _____

Department: _____

Phone Ext: _____

- Yes! I would like to make a gift to Maria College's Maria Fund.**
(gifts to the Maria Fund are applied where need is greatest.)

PAYROLL DEDUCTION AUTHORIZATION

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

Signature: _____ Date: _____

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

CREDIT CARD

Visa/MC/Amex (circle one) Gift amount: \$ _____

Name as it appears on card: _____

Credit Card Number: _____ Expiration Date: _____

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.
- I would like my gift to be anonymous and not be listed in any Maria College Advancement Materials

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

Maria College, Mission & Advancement, 700 New Scotland Avenue, Albany, NY 12208
Questions? Please call (518) 861-2596 or email advancement@mariacollege.edu. **Thank you for supporting Maria College!**