

C O N T R I B U T I O N F O R M



Yes, I want to help MTC students by making a donation of:

- checkbox \$1,000 checkbox \$500 checkbox \$250 checkbox \$100 checkbox \$50 checkbox \$25 checkbox Other \$_____

Name: _____

Address: _____

City, State, Zip: _____

Work Phone: _____ Home Phone: _____

Enclosed is my gift of \$ _____
Enclosed is my pledge of \$ _____
Please send me pledge reminders:
checkbox Annually checkbox Semi-annually checkbox Quarterly
beginning in _____ (month) of _____ (year).
(Pledges are payable over five years.)
*Please bill my: checkbox Mastercard checkbox VISA
Account Number: _____
Exp. Date: _____
*Signature required for charge authorizations
Signature: _____
Date: _____

GIFT DESIGNATION
My special commitment is to be applied to:
checkbox Area of Greatest Need
checkbox Endowed checkbox Nonendowed
checkbox Program/Department _____
checkbox Scholarships _____
checkbox I prefer that my gift remain anonymous.
MATCHING GIFT
In addition to this commitment, my gift(s) will be enhanced with corporate matching gift(s) from _____ (name of employer).
You will receive donor recognition credit for both your personal gift and the corporate gift.
Credit for this gift/pledge is to be divided equally between us: checkbox Yes checkbox No
For recognition purposes, please list name(s) as: _____
PLANNED GIFT
checkbox I am interested in estate planning. Please contact me.
checkbox I currently have MTC listed in my will.