

**YES! I want to support MCAD with a gift to the  
Faculty and Staff Giving Campaign!**

**1. Gift Amount and Designation**

I want to make a gift of \$\_\_\_\_\_ to support MCAD's:

- General Scholarship Fund
- General Operating Fund
- Other: \_\_\_\_\_

**2. Payment**

- Enclosed is a check for my total gift
- Please charge my total gift to my credit card:
- Visa       MasterCard       American Express       Discover
- Card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Security code: \_\_\_\_\_ Name on card: \_\_\_\_\_

- I want to make my gift through an automatic payroll deduction:

<b>Amount deducted</b>	<b>Faculty</b> (x 24 pay periods) Total yearly* gift	<b>Staff</b> (x 26 pay periods) Total yearly* gift
<input type="checkbox"/> \$5 per pay period	\$120	\$130
<input type="checkbox"/> \$10 per pay period	\$240	\$260
<input type="checkbox"/> \$25 per pay period	\$600	\$650
<input type="checkbox"/> \$50 per pay period	\$1,200	\$1,300
<input type="checkbox"/> Other: \$_____ per pay period	\$_____	\$_____

\*The total amount of your actual gift by fiscal or calendar year may vary.

**Payroll Deduction Start Date:**

I authorize MCAD to begin payroll deduction on the following date: \_\_\_\_\_. This authorization will remain in effect until I notify MCAD in writing that I wish to change my contribution.

**3. Gift Acknowledgment**

Name(s) for donor acknowledgments: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please send this form and any payment to the MCAD Development Office, Room 208, Main Building.  
Questions? Please contact Cheryl Wolken at 612-874-3789 or cwolken@mcad.edu.*