



# Maricopa Community Colleges Foundation Gift Form

I (We) wish to make a gift to the Maricopa Community Colleges Foundation in the amount of \$ \_\_\_\_\_

Name(s): \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

Signatures(s): \_\_\_\_\_

The Foundation wishes to recognize those who make contributions. Unless you indicate otherwise, we will assume your permission to use your name/s, as listed above, in Foundation publications.  I/We wish to remain anonymous.

**Gift Options: (please check one)** Please see important endowment policy on the back page.

- I (We) would like my (our) gift applied to (scholarship name): \_\_\_\_\_  
For a list of existing scholarships please refer to <http://www.maricopa.edu/foundation/apply/index.php>
- I (We) would like to establish a new scholarship.  
If you are establishing a new scholarship, please attach the *Endowment/Restricted Agreement* form to initiate a scholarship, which can be found at <http://www.maricopa.edu/foundation/ways/index.php>
- I (We) would like my (our) gift to be unrestricted and used where there is the greatest need, anywhere in the district or at (please list a campus) \_\_\_\_\_.
- I (We) would like more information about making a planned gift.

**Gift Payment Options:** A receipt will be sent to the address listed above.

- Check  
Enclosed is my (our) check, payable to the Maricopa Community Colleges Foundation in the amount of \$ \_\_\_\_\_.
- My Matching Gift Form is enclosed.  
If you or your spouse are employed by a company with a matching gift program your gift can be increased. Please check with your HR Department for participation status and Matching Gift Form.

- Charge  
I (We) wish to charge my (our) gift in the amount of \$ \_\_\_\_\_ to: please indicate one.  
 Visa     Mastercard     American Express     Discover

Account Number Including the 3-digit security code on the back of the card. 3-digit security code

Expiration Date \_\_\_\_\_ / \_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_

Name on card: \_\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

- My Matching Gift Form is enclosed.  
If you or your spouse are employed by a company with a matching gift program your gift can be increased. Please check with your HR Department for participation status and Matching Gift Form.

- Pledge - External Only  
I (We) wish to make a pledge in the amount of \$ \_\_\_\_\_.

Equal payments of \$ \_\_\_\_\_ will begin in (month/year) \_\_\_\_\_.

Please send reminders to me ( monthly  quarterly  semi-annually  annually) at the address listed above.

- Pledge - Internal (Employees Only) via Payroll Deduction. See Back Page.

- My gift is of real or personal property, stocks or bonds or in the form of a bequest. Please contact me personally about making a gift of this type.

## Pledge - Internal (Employees Only) via Payroll Deduction

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Employee ID: \_\_\_\_\_ Employee Group: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I wish to pledge \$ \_\_\_\_\_ by payroll deduction.

Please enter the amount per pay period from the schedule below \$ \_\_\_\_\_ .

This is: (check one)  a new payroll deduction  in addition to my current payroll deductions

### Please indicate the desired amount per pay period.

Pledge Amount	1 year/amount per pay period	3 year/amount per pay period	5 year/amount per pay period
<b>\$500 total pledge</b>			
9 or 10 month employee	\$27.77	\$9.25	\$5.55
12 month employee	\$20.83	\$6.95	\$4.16
<b>\$1,000 total pledge</b>			
9 or 10 month employee	\$55.55	\$18.52	\$11.11
12 month employee	\$41.66	\$13.88	\$ 8.33
<b>\$2,000 total pledge</b>			
9 or 10 month employee	\$111.11	\$27.04	\$22.22
12 month employee	\$83.33	\$27.78	\$16.67
<b>\$3,000 total pledge</b>			
9 or 10 month employee	\$166.67	\$55.56	\$33.33
12 month employee	\$125.00	\$41.67	\$25.00
<b>\$4,000 total pledge</b>			
9 or 10 month employee	\$222.22	\$74.07	\$44.44
12 month employee	\$166.67	\$55.56	\$33.33
<b>\$5,000 total pledge</b>			
9 or 10 month employee	\$277.78	\$92.59	\$55.56
12 month employee	\$208.34	\$69.44	\$41.67
<b>\$10,000 total pledge</b>			
9 or 10 month employee	\$555.56	\$185.19	\$111.11
12 month employee	\$416.67	\$138.89	\$ 83.33

## Endowment Policy Information

**Endowments** are gifts to the Maricopa Community Colleges Foundation created by the donor as a perpetual source of funding support for student scholarships, program support or other designated purposes that fall within the Foundation's mission.

**Funding requirements:** A minimum contribution of \$10,000 is required before an endowment can be created; however, donors have up to three (3) years to reach that minimum level. If the endowment minimum is not reached as required, accumulated contributions will either be treated as a restricted fund and fully expended as soon as practicable or combined with a compatible, already existing endowment account.

**Investment and Spending Policies:** Endowment Funds are professionally managed as part of a carefully balanced investment portfolio that includes stocks, bonds and other approved instruments. Each year, endowment funds are awarded in amounts up to 5% of a three year average of their year-end fund balances. Any unspent portion of the amount available for annual distribution shall be returned to the principle balance of the endowment.

## Please return this form to:

Maricopa Community Colleges Foundation  
2419 West 14th Street - Tempe, AZ 85281  
Phone: 480-731-8400  
Fax: 480-731-8411  
email: [foundation.giving@domail.maricopa.edu](mailto:foundation.giving@domail.maricopa.edu)

The Maricopa Community Colleges Foundation is a 501 (c) (3) tax exempt organization.

All gifts to the Maricopa Community Colleges Foundation are tax deductible to the extent provided by law. Please contact your tax advisor for details.

