

## **Employee Contribution Form**

Your contribution to the Morgan Community College Foundation provides an opportunity to become involved in our college's future. By giving a portion of your salary each month via payroll deduction, you will be assisting students in numerous ways. Your donation will also illustrate our employees' financial commitment to potential major donors/foundations.

Please consider investing in Morgan Community College and the future of our students by completing the bottom portion of this form and returning it to MCC Human Resource office.


Emplo	vee Name			
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□ I will become a contributor to the Morgan Community College Foundation. I have completed the information below.

□ I currently contribute to the Morgan Community College. Please increase my payroll deduction per month to \_\_\_\_\_\_.

□ I would prefer to contribute outside the payroll deduction option.	Please accept my
donation of	

Name:						
Address: _						
Amount of	monthly cont	ribution*:				
\$5	\$10	\$25	\$50	\$100	Other:	
Beginning	Date:					
Unrestri	cted					
□ Other						
						_

**Employee Signature** 

Date

<sup>\*</sup> Authorized contributions will continue to be deducted from employee paychecks until written notice to MCC Human Resources alters this request. *Form revised* 3.2016