

Faculty & Staff CONTRIBUTION FORM



Name: _____

Email: _____

Department: _____

Phone Ext: _____

Yes! I would like to make a gift to Maria College.

I wish to designate my gift to: The Maria Fund (Unrestricted gifts to the Maria Fund are applied where need is greatest.)

Maria Cares (Faculty/Staff Fund)

Other: _____

Please choose one of the following:

PAYROLL DEDUCTION AUTHORIZATION

I would like to make a **one time** charitable contribution. Please deduct \$_____ from my next paycheck.

I authorize the Business Office to deduct \$_____ each pay period, beginning _____
for a total of \$_____. *for tips: see how to make your Maria Cares contribution

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.

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

Maria College, Office of Development, 700 New Scotland Avenue, Albany, NY 12208
Questions? Please contact the Office of Development at 518-861-2596. **Thank you for supporting Maria College!**