



# Maricopa Colleges Foundation Gift Form

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

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

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

Signature(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

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

### Gift: (please check one)

Please see important endowment policy on the back page.

I (We) would like my (our) gift applied to (scholarship name) : \_\_\_\_\_.

I (We) would like to establish a new scholarship.

If you are establishing a new scholarship, please attach the form to initiate a scholarship (*Restricted Use Account*) that can be found at [www.dist.maricopa.edu/foundation](http://www.dist.maricopa.edu/foundation)

I (We) would like my (our) gift to be unrestricted and used where there is the greatest need.

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 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 check one.

Visa

Mastercard

American Express

Discover

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

3-digit 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 every  month  quarter  year at the address listed above.

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

# Pledge - Internal (Employees Only) via Payroll Deduction

Name: \_\_\_\_\_

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

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

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_

I wish to pledge \$ \_\_\_\_\_ by payroll deduction according to the schedule below.

This is: (check one)

a new payroll deduction  to replace all current payroll deductions  in addition to my current payroll deductions

Please start my deductions on (date): \_\_\_\_\_.

Please circle 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	\$37.04	\$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 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 five 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 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 principle balance of the endowment. Although unlikely, it is possible and permitted for annual endowment expenditures to invade the principle balance of the endowment, which is defined as the total of the original amount of the endowment contribution and any subsequent contributions to the endowment principle.

## Please Return This Form To

GCC Alumni & Scholarship Development  
6000 W. Olive Ave. | Glendale, AZ 85302  
Fax: 623.845.3777

Phone: 623.845.3481

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

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

Foundation Use Only.

\_\_\_\_\_   
Fund Code