

Gift Form

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

Name(s) _____

Email _____ Phone _____

Address _____ City _____ State ____ Zip _____

Signature(s) _____ Date _____

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 (choose one)

- I (We) would like my (our) gift applied to _____
(scholarship name)
- I (We) would like to establish a new scholarship.
- I (We) would like my (our) gift to be unrestricted and used where there is greatest need:
 - at _____ OR anywhere in the District.
(college)
- I (We) would like more information about making a planned gift.

Payment Options (choose one)

- Check** - Enclosed is my (our) check, payable to the Maricopa Community Colleges Foundation.
 - My matching gift form is enclosed.
If you or your spouse is 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) would like to charge my (our) gift.
 - Card Number _____ Security Code _____
 - Visa MasterCard American Express Discover Expiration Date ____ / ____
 - Billing Address _____ City _____ State ____ Zip _____
(if different from above)
 - Name on Card _____ Cardholder's Signature _____
 - My matching gift form is enclosed.
If you or your spouse is 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.
- Real Property** - My (Our) gift is real or personal property, stocks or bonds or in the form of a bequest. Please contact me (us) personally about making a gift of this type.
- Pledge - External Only** - I (We) wish to make a pledge.
 - Equal payments in the amount of \$ _____ will begin on ____ / _____. Please send reminders to me
(month) (year)
 - monthly, semi-annually, OR annually at the address listed above.
- Pledge - Internal (Employees Only)** - I (We) would like to give by payroll deduction.

Employee Name _____ Employee ID _____

Equal payments in the amount of \$ _____ will begin on _____.
(per pay period) (date)

This is: in addition to my current payroll deduction(s) OR a new payroll deduction.

| Gift Amount | 1 Year Amount per pay period | 3 Year Amount per pay period | 5 Year Amount per pay period |
|------------------------|--|--|--|
| \$500 | | | |
| 9 or 10 month employee | \$27.77 | \$9.25 | \$5.55 |
| 12 month employee | \$20.83 | \$6.95 | \$4.16 |
| \$1,000 | | | |
| 9 or 10 month employee | \$55.55 | \$18.52 | \$11.11 |
| 12 month employee | \$41.66 | \$13.88 | \$8.33 |
| \$2,000.00 | | | |
| 9 or 10 month employee | \$111.11 | \$37.03 | \$22.22 |
| 12 month employee | \$83.33 | \$27.78 | \$16.67 |
| \$3,000.00 | | | |
| 9 or 10 month employee | \$166.67 | \$55.56 | \$33.33 |
| 12 month employee | \$125.00 | \$41.67 | \$25.00 |
| \$5,000.00 | | | |
| 9 or 10 month employee | \$277.78 | \$92.59 | \$55.56 |
| 12 month employee | \$208.34 | \$69.44 | \$41.67 |
| \$10,000.00 | | | |
| 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
 Fax: 480-731-8411 | Phone: 480-731-8400
 Email: foundation.giving@domain.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.