

THE METROPOLITAN STATE COLLEGE of DENVER

Connecting you to a real future.

**FACULTY AND STAFF
PAYROLL DEDUCTION AUTHORIZATION for CHARITABLE CONTRIBUTION**

Your Name: _____
Campus Box: _____ Campus Phone: _____
Home Address: _____

Home Phone: _____

It is my desire to contribute:

- \$85 per month* \$50 per month \$25 per month
 \$10 per month Other \$ _____ per month*

to be deducted from my paycheck until written notice from me.

* For membership in the President's Society, faculty and staff with 12-month employment need an \$85 per month contribution. Faculty and staff with 10-month employment need a \$100 per month contribution.

My donation is to be used for:

- Endowed/Restricted Scholarship _____
 General student scholarships _____
 School or academic department _____
 Greatest needs of the college _____

Signature: _____ Date: _____

For tax purposes, you will receive a summary of your contribution at the end of the calendar year.

Please make a copy of this form for your records and return the signed original to the Development Office, Campus Box 14.

If you have any questions, please contact Lora Hansen at 303-556-5140 or hansenl@mscd.edu.