



Faculty/Staff Gift Form

Donor Information

Name: _____ 900 # _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

It is my desire to:

- Begin Payroll Deduction
- Change my current Payroll Deduction
- Make a one-time contribution (*not available through payroll deduction, please enclose check or enter credit card information below*)

Amount to be deducted from my monthly salary or one-time gift: \$ _____

- Department/Program _____ (please specify)
- Scholarship _____ (please specify)
- Other _____
- I do not wish my name to be published in the Metro State Honor Roll online or in print.
Those gifts not designated above will be directed to the Unrestricted Fund

By signing below, I authorize Metro State to make a monthly deduction from my salary.

Signature: _____ **Date** _____

Payment Information

My check for \$ _____ is enclosed and made payable to: **Metro State Foundation, Inc.**

Charge my donation to: _____ VISA _____ MasterCard

Credit Card Number: _____

Expiration Date: _____

Cardholder's Signature: _____

Name on the Card: _____

Additional ways to make a gift to Metro State:

- I would like to receive more information about Metro State's Planned Giving program.
- My will already provides for Metro State.

Additional services:

- I would like to receive information about my Metro State license plate.
- I would like to receive information about alumni activities.
- I would like to receive information about Metro State via e-mail.

For information, please call 303.556.8424, e-mail: [mscd-annualfund@mscd.edu](mailto:miscd-annualfund@mscd.edu)
or visit www.mscd.edu/giving

Mail to: **METROPOLITAN STATE COLLEGE of DENVER**
DEVELOPMENT OFFICE
Campus Box 14, PO Box 173362
Denver, CO 80217-3362

Please copy this form for your records.

Remember, your gift is tax deductible.

Thank You!