

Payroll Deduction Authorization Form

This form is used by donors to make contributions to The Mississippi Delta Community College Development Foundation, Inc. to support the programs and/or scholarships as indicated below. This form authorizes the MDCC Foundation to deduct from a College employee's pay an amount as reported below.

DONOR CONTACT INFORMATION

Address:	Cell Phone:
City, St	Work Phone:
E-mail:	
Contribution Information	
Monthly Amount to be Contributed: \$	
First Month of Contribution:	
	port by checking the box or boxes bel
 First Month of Contribution: Please designate the fund(s) or program(s) you would like to support and capital improvements) 	port by checking the box or boxes bel % or \$
Please designate the fund(s) or program(s) you would like to sup	% or \$
 Please designate the fund(s) or program(s) you would like to support of a support of the support of th	% or \$
 Please designate the fund(s) or program(s) you would like to sup Annual Fund (scholarships and capital improvements) Athletic Improvement Fund (supports all areas of athletic 	% or \$

SPECIAL INSTRUCTIONS

Check this box if you wish to remain anonymous and not listed as a contributor in publications.

SIGNATURES

I hereby authorize Mississippi Delta Community College and the MDCC Development Foundation, Inc. to initiate a payroll deduction based on the information above. I understand that monthly deductions will continue until further notice and that I can cancel it at any time by notifying the College or the Foundation in writing.

Donor

Date

MDCC Foundation Representative

Date

PLEASE RETURN THIS FORM TO THE MDCC FOUNDATION

Mississippi Delta Community College Development Foundation, Inc. P.O. Box 710 | Moorhead, MS 38761-0710 T: 662-246-6274 | E-MAIL: jaycock@msdelta.edu | www.msdelta.com The Mississippi Delta Community College Development Foundation, In. is a 501(c)(3) organization. Gifts are deductible to the extent of current IRS regulations.