

I			
I am an MCC Employee		MCC ID#:	
First Name:		Last Name:	
Department:			
Home Address:			
City:	State:	Zip:	
Home Phone:	Pei	Personal Email Address:	
		r as part of this gift, please include their name below:	
About your gift:			
□ Payroll Deduction (only availa	able to MCC employ	rees)	
□ Please deduct \$		til I notify MCC Foundation of a change.	
□ Please deduct \$		(only available for the first pay period in January).	
□ I would prefer to remain anor	nymous		
Is this gift in honor or in memor	ry of a loved one or	colleague?	
□ In Honor of:	•	C .	
In Memory of:			
		v, program, scholarship, or student support opportunities. For www.mccneb.edu/Community-Business/Foundation/MCC-	
Please direct my gift to:			
□ Please use my gift in the area	of greatest need		
□ Student Food Insecurity Fund			
MCCF General Scholarship			
□ 180 Re-entry Assistance Progr	am Growth Fund		
□ TRIO/SSS Program Growth Fu	Ind		
Other(please indicate fund)			

Signature

Date

Mail to: MCC Foundation | Fort Omaha Campus, Building 12S | P.O. Box 3777 | Omaha, NE 68103-0777 Email to: <u>foundation@mccneb.edu</u>

(MCC Foundation requests your personal contact information for tax receipt communications.)

If you have questions related to this form, please contact MCC Foundation at foundation@mccneb.edu or 531-MCC-2346.

Form update: 10/2024