



MARICOPA COLLEGES FACULTY FOUNDATION

1414 West Broadway Road, Suite 145
Tempe, AZ 85282
(480) 894-8700
Web Page Address: www.mcff.org

Maricopa Colleges Faculty Foundation (MCFF) Donation

Name: _____

Home Address: _____ City: _____ Zip: _____

College: _____ Office phone: _____ Home phone: _____

Home E-mail Address: _____

Payment Method (check one)

_____ Check (*Make payable to Faculty Foundation*) I would like to donate \$_____ to the MCFF.

_____ Payroll deduction (see below)

PAYROLL DEDUCTION AUTHORIZATION FORM

This signature authorizes my employer to deduct my donation to the Faculty Foundation in terms of established payroll deduction procedure.

◆ I AUTHORIZE MCCCCD TO DEDUCT \$_____ PER PAY PERIOD (REALIZING THAT THERE ARE TWO PAY PERIODS EACH MONTH WHERE THIS AMOUNT WOULD BE DEDUCTED) TO GO TO THE MARICOPA COLLEGES FACULTY FOUNDATION.

◆ DEDUCTION WILL BE RENEWED ANNUALLY AND PAYROLL DEDUCTION WILL CONTINUE FROM YEAR TO YEAR UNLESS A MEMBER SUBMITS A CANCELLATION REQUEST IN WRITING TO THE PAYROLL DEPARTMENT.

◆ MY SALARY SCHEDULE IS: (Check one) _____ 9 months (18 pay periods)
_____ 12 months (24 pay periods)

◆ WITHOUT A SIGNATURE OF AUTHORIZATION, PAYROLL CANNOT PROCESS YOUR REQUEST.

Signature: _____ Employee ID#: _____ Date: _____
(Employee ID# is on your paystub or insurance card)