



MOBERLY AREA COMMUNITY COLLEGE

FOUNDATION
INCORPORATED

Prefer to make your gift or pledge online?
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Name and address:

Type of donation

Single contribution:

I/we wish to make an outright gift of \$_____ payable to "MACC Foundation" (check enclosed).

or

Please charge this gift of \$_____ to my/our credit card.

Recurring gift

I/we promise to make our gift in equal installments of \$_____ beginning in _____ (month/year) for a total amount of \$_____.

I/we intend to make payments: Weekly Monthly Quarterly Annually

Matching gift

This pledge includes anticipated \$_____ in matching gifts from _____.

Giving Options

My check, payable to MACC Foundation, is enclosed.

Please charge my credit card: Visa MasterCard Discover

Card number _____ Exp. Date _____ CVV _____

Signature _____ Print name _____



Please return this form to: MACC Foundation, 101 College Ave, Moberly, MO 65270

Publications and Donor Honor Rolls

I/we wish my/our name(s) to read as follows: (please print)

Name(s) _____

I/we prefer my/our name to be confidential.

I/we would like information on membership to the MACC Foundation.

Thank you for your support.

For more information, contact:
Phone: 660-263-4100 x11550
FoundationGifts@macc.edu