

Atlanta Metropolitan College Foundation, Inc.
ANNUAL GIVING PROGRAM



Contribution Form

Monthly Deduction Option	
<i>I would like to have a monthly deduction made from my payroll earnings.</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> \$10 per month
<input type="checkbox"/> No	<input type="checkbox"/> \$20 per month
	<input type="checkbox"/> \$50 per month
	<input type="checkbox"/> Other \$ _____
Total Annual Contribution	\$ _____

One-Time Payment Option	
<i>I prefer to make my contribution at this time.</i>	
<input type="checkbox"/> Yes	Please make your check or money order payable to: <i>Atlanta Metropolitan College Foundation, Inc.</i>
<input type="checkbox"/> No	
<input type="checkbox"/> Check	
Total Amount of Contribution	\$ _____

I authorize Atlanta Metropolitan College to deduct the amount indicated above for ____ months beginning _____ unless payment is enclosed.

Employee's Name (Print): _____

Employee's Signature: _____

Please return this form to the Office of Institutional Advancement or Human Resources.