

HAITIAN RELIEF

State Agency Name

MCC Organization No. for Agency
(Agency Co-ordinator to supply)

Previous donation made to MCC 2009 Yes No
(Information needed for processing)

ANDAR ACCT. # AGENCY CODE CK.DISTR. DAC #

Empty boxes for account and agency information.



www.mdcharity.org

Go to www.mdcharity.org
for charity listings.

1. My name Please print firmly and clearly. **Your personal information is kept confidential.**

Ms. Mr. Mrs. Other _____ SSN (Required for payroll deduction) - -

First Name (as it appears on paycheck) MI Last Name To ensure security, please provide only last 6 digits of your SSN Suffix

Grid boxes for name and SSN information.

Home Address

Grid boxes for home address.

City State Zip Home Phone

Grid boxes for city, state, zip, and home phone.

Employer Work Phone

Grid boxes for employer and work phone.

E-mail Home Work

Grid boxes for email information.

I do not want my name and address released to charities I have designated to receive my gift. I do not want to be publicly recognized for my leadership donation of \$500 or more.

2. Donor Choice (Designations 1 through 9 must equal TOTAL ANNUAL PLEDGE)

Grid for 9 annual designations, each with Book# and dollar amount.

3. Preferred payment method : Please choose A, B, C or D Please check all appropriate boxes

A. Payroll deduction: \$ _____ per pay period. Number of pays _____ for a total annual gift of \$ _____ Per year

B. Charge Visa MC Discover AmEx - One-time \$ _____ Monthly \$ _____ Quarterly \$ _____ = \$ _____

Account Number

Grid boxes for account number and expiration date.

C. Check # _____ (Payable to Maryland Charity Campaign) \$ _____

D. Cash \$ _____

4. SIGN AND DATE HERE TO AUTHORIZE PLEDGE AND PAYMENT METHOD
(Required for credit card and payroll deduction)

TOTAL ANNUAL PLEDGE

Signature line and date field.

I authorize the State of Maryland to deduct the annual amount pledged (equally divided by number of pay periods) beginning January and ending in December.



YOUR RECEIPT

for your personal records. Record designation information on back.

I pledge \$ _____

Number of pays X _____

Annual pledge \$ _____

Date: _____

METHOD OF DONATION

- Payroll Deduction
- Credit card
- Check # _____
- Cash

Thank you
for
your gift.

Charity directory (Book #'s) and
other information can be viewed at:

www.mdcharity.org