

# Count me in as a member of the 2020 CMC TEAM FUND!



## 1 ▶ My information:

Name \_\_\_\_\_

Employee ID# \_\_\_\_\_ Campus \_\_\_\_\_

I'd like my gift to be anonymous       I'd like to learn how to add CMC to my estate plan

## 2 ▶ Please designate my gift to:

The endowed fund for my campus     Scholarships     Area of Greatest Need     No Barriers Fund

Fund Sueños     Teacher Education Stipends     Nursing Stipends

Other (please specify) \_\_\_\_\_

My gift is in  memory of or  honor of \_\_\_\_\_

## 3 ▶ My payment method:

Please deduct \$ \_\_\_\_\_ each month from my CMC paycheck for:  6 months     12 months     ongoing  
Payroll deductions will begin the first pay period of 2020

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I'm enclosing a check for \$ \_\_\_\_\_, payable to CMC Foundation

I will pay \$ \_\_\_\_\_ by credit card:     Visa     Mastercard     American Express     Discover

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ CSC \_\_\_\_\_

Name (as it appears on card) \_\_\_\_\_

Billing Address \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 4 ▶ Tell us why you give:

Please take a moment and tell us why you give. We love hearing from you!

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your participation in CMC's Team Fund! Visit [coloradomtn.edu/teamfund](http://coloradomtn.edu/teamfund) for more info.