

Count me in as a member of the 2021 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

Teacher Education Stipends Rural Nursing Success Fund 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 2021

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 for more info.