



**TEAM  
MCG'08**  
Together We're Better

Thank you for giving to the fund of your choice through the Annual Campaign. Please remember that any payroll deduction gift is a minimum of \$5 per fund per month.

**Thank you!**

*Your gift is greatly appreciated.*

Name \_\_\_\_\_

Employee ID \_\_\_\_\_

Phone number \_\_\_\_\_

Department \_\_\_\_\_

Check here and sign below if you gave a payroll deduction **Perpetual Gift** and wish for your gift to remain the same. If you would like to make a change, please complete below.

\$ \_\_\_\_\_ **My Total Annual Gift**

I would like to pay by:

**PAYROLL DEDUCTION**

*New perpetual gift*    *One year only*

*Payroll deduction is available for 12-month pledges for current MCG and PPG employees. Not available for retirees. A \$5 monthly minimum is required.*

**BANK DRAFT**   *Please attach a voided check from your account.*

**I HAVE MADE MY PLEDGE ONLINE**  
*at [www.mcg.edu/teammcg](http://www.mcg.edu/teammcg)*

**CHECK** enclosed (*payable to the MCG Foundation, Inc.*)

**CREDIT CARD** (*please complete the following information*)

MasterCard    Visa    AMEX    Discover

Card # \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name on card \_\_\_\_\_

*one-time gift*    *monthly*

**Signature** (*required*) \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

Please do not include my name in any lists or publications recognizing donors.

Please designate my annual gift for the following funds:

\$ \_\_\_\_\_ MCG President's Innovation Fund

\$ \_\_\_\_\_ School of Allied Health Sciences Dean's Fund

\$ \_\_\_\_\_ MCG Health, Inc. President's Innovation Fund

\$ \_\_\_\_\_ School of Dentistry Dean's Fund

\$ \_\_\_\_\_ MCG Children's Medical Center

\$ \_\_\_\_\_ School of Graduate Studies Dean's Fund

\$ \_\_\_\_\_ MCG Foundation, Inc.

\$ \_\_\_\_\_ School of Medicine Dean's Fund

\$ \_\_\_\_\_ School of Nursing Dean's Fund

And/or you may choose a specific fund from the list in the enclosed brochure or at [www.mcgfoundation.org/funds/funds.pdf](http://www.mcgfoundation.org/funds/funds.pdf)  
*A maximum of three funds may be designated. Your 2008 pledge will begin August 1, 2008.*

\$ \_\_\_\_\_ Fund# \_\_\_\_\_ | \$ \_\_\_\_\_ Fund# \_\_\_\_\_ | \$ \_\_\_\_\_ Fund# \_\_\_\_\_

**Please return this form to your team captain in the envelope provided. For more information, contact Debby Kalliokoski at 706-721-3397 or [TEAMMCG@mcg.edu](mailto:TEAMMCG@mcg.edu).**

*Motive: 08 Team MCG*