

MacMurray Annual Fund

COLLEGE

Please complete both sides of this card and return it with your commitment and/or check in the enclosed postage-paid envelope to:

MACMURRAY COLLEGE

OFFICE OF INSTITUTIONAL ADVANCEMENT

447 East College Avenue
Jacksonville, Illinois 62650
Telephone: (217) 479-7024

*Your contribution to
MacMurray College is deductible for
income tax purposes under the current
rules of the Internal Revenue Service.*

Give every year. Make a difference every day!

Membership in **MacMurray Giving Clubs** is based upon total contributions made during one fiscal year **June 1 through May 31.**

The 1846 Society	\$50,000 or more
Cartwright Society	\$25,000 - \$49,999
Akers Society	\$10,000 - \$24,999
President's Council	\$5,000 - \$9,999
Michalson Associates	\$2,500 - \$4,999
Harker Associates	\$1,000 - \$2,499
McClelland Gold Club	\$500 - \$999
McClelland Silver Club	\$250 - \$499
McClelland Bronze Club	\$100 - \$249

MacMurray Contributor –
Gifts under \$100 are important and encouraged.

MacMurray will record this contribution as coming from:

Name: _____

Street: _____

City: _____ State ____ Zip _____

Phone: _____

E-mail: _____

Please send me information about the following:

- How to include MacMurray College in my will.
- How to make a gift to the College and receive an income in return.

OFFICE OF INSTITUTIONAL ADVANCEMENT

(217)479-7024 ♦ Fax: (217)245-0405 ♦ development@mac.edu

– over –

Please record my/our commitment as \$ _____ to
the **MacMurray College Annual Fund.**

My gift is enclosed.

I will complete my commitment by **May 31.**

Send me reminders in: May Other _____

Please charge: MasterCard VISA Discover

Name on card _____
(PLEASE PRINT)

Credit Card # _____

PIN # _____ Exp. Date _____ / _____

Signature _____

Date _____

Your check, payable to MacMurray College, should be mailed before May 31 in order for this gift to be credited for this fiscal year. This does not represent a binding obligation on your part or on the part of your heirs.

I prefer my contribution be used as indicated below:

Where the Trustees see the greatest need

Henry Pfeiffer Library

Scholarships for Deserving Students

Faculty Development

Academic Programs _____

Athletic Programs (specify, if desired)

Student Life Programs

Campus Maintenance Projects

Computer and Data Systems

Other _____

(please specify)

My/our employer(s) will match this contribution.

Employer's matching form is: enclosed will follow

(Name of Employer)