Muhlenberg College

BERG Bucks Deposit

Name (Please Print) __________________________ Berg ID# __________________

Student ☐ class year _________ Staff ☐ Department _______________

Cell/Dept phone __________ Signature __________________________ Date __________

Deposit Amount: ($25.00 minimum) __________________________

Return this form to: Berg Bucks, c/o Controller's Office, Muhlenberg College
2400 Chew Street, Allentown, PA 18104

Make your check or money order payable to: MC BERG BUCKS