

CAMPUS COMMUNITY CAMPAIGN



Marywood
UNIVERSITY

CONTRIBUTION FORM

Name _____ Date _____

Department _____

Phone _____ E-mail _____

I would like my contribution to support the following:

- Marywood Fund/Area of Greatest Need
- Marywood Scholarship Fund
- Other: _____

3 WAYS TO GIVE

1. PAYROLL DEDUCTION

I will contribute to the Campus Community Campaign with a per paycheck deduction of \$ _____ beginning _____ (month/year) so long as I am a Marywood University employee or until such time I determine to either amend or cancel.

Signature _____ Date _____

(REQUIRED) The University cannot deduct money from your paycheck without your signature.

2. SINGLE GIFT \$ _____ Payment Enclosed Send a reminder in the month of _____

3. RECURRING MONTHLY, QUARTERLY, OR ANNUAL GIFT via credit card or bank account.

\$ _____ every month/quarter/year **(please circle)**

- Attached voided check for Direct Funds Transfer (EFT) from checking or savings account.
- I authorize Marywood to charge my Visa Master Card Discover American Express

Card Number _____ Expiration Date _____

Name on Card _____ Today's Date _____

PLEASE RETURN COMPLETED FORM TO:

Office of Annual Giving Programs, 1st Floor, Maria Hall
Questions: Please call ext. 4540, or e-mail development@marywood.edu