



CAMPUS COMMUNITY CAMPAIGN

Contribution Form

Name _____ Date _____

Department _____

Phone _____ Email _____

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)

2. ☐ SINGLE GIFT \$ _____ ☐ Payment Enclosed ☐ Send a reminder for full payment _____ (month/year)

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

\$ _____ every **month | quarter | year** (please circle) beginning _____ (month/year) and continuing until such time I determine to either amend or cancel.

- ☐ 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 FROM TO:

Office of Annual Giving Programs, 2nd floor, Maria Hall
Questions: Please call ext. 6059 or email development@marywood.edu