



# 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, 2<sup>nd</sup> floor, Maria Hall  
Questions: Please call ext. 6059 or email [development@marywood.edu](mailto:development@marywood.edu)