

Employee Charitable Campaign Pledge Form

for direct gifts to the Rowan University Foundation

I. Personal information	
Full Name	Rowan ID Number
Department	Telephone Number
Signature	Date
II. Gift amount I would like to contribute to the Rowan Univers \$	sity Employee Charitable Campaign in the amount of
III. Designate your gift Unrestricted	
Your gift to the Rowan Fund provides funds greatest needs.	for merit-based scholarships and the University's
☐ Restricted	
Please indicate what program, college, schola	arship, etc. you would like your gift designated for:
IV. Select a payment method □ Payroll Deduction Note that there is a \$2 minimum per pay perior from BW-2. I am a: ○ 12-month employee	
Deduction per pay period No. of dedu	uctions Total amount of donation
☐ Check Make check payable to Rowan University Fou	
• •	indation and return with this form.
Credit Card	Paralina siving aits at siving unform dation and
Complete this section or visit the Foundation	is online giving site at <i>giving.rufoundation.org</i> .
O Visa O Mastercard O Discover	O American Express
Card number	
Name on card	Exp. Date

Using this form

Please use this form for direct gifts to the Rowan University Foundation.

Please use the state ECC giving form for contributions to agencies other than Rowan University.

Questions?

Please contact Amie Marshall 856-256-5415

marshalla@rowan.edu or visit rowan.edu/ecc

V. Return form

Please keep a copy of this form and return the original signed form to: Rowan University Foundation/ECC Shpeen Hall, Second Floor 40 North Academy Street Glassboro, NJ 08028