

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 Univ	versity Employee Charitable Campaign in the amount of
greatest needs. Restricted Please indicate what program, college, sch	nds for merit-based scholarships and the University's holarship, etc. you would like your gift designated for:
IV. Select a payment method ☐ Payroll Deduction Note that there is a \$2 minimum per pay p	,
	deductions Total amount of donation = \$
☐ Check Make check payable to Rowan University	
-	tion's online giving site at giving.rufoundation.org.
O Visa O Mastercard O Discov	er 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 Kaylee Collins 856-256-5415 collinske@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