



“Take a Seat” Pledge Form

Personal Information

NAME

ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

DAYTIME PHONE NUMBER

My affiliation to CMSRU: Faculty/Staff Parent Student Friend Other

Gift Type

All gifts are appreciated!

- \$2,500 for a standard auditorium chair
 \$3,500 for a premium auditorium chair (*first four rows of the auditorium*)
 Other Amount: _____ (*Gifts above the \$2,500 and \$3,500 chair amounts will support Scholarships at CMSRU*)

Payment Details

- One-time payment I will make payments over ____ years. (*Please choose between 1-5 years*)

Payment Method

- I have enclosed a check (*Please make checks payable to Rowan University Foundation*)
 Please charge my: Visa MasterCard Discover American Express

NAME ON CARD

CARD NUMBER

EXP DATE

SEC CODE

SIGNATURE

DATE

Recognition Options

Please be sure to note your contact information above; we will be in touch to discuss the details of your plaque.

Matching Gifts

Many employers will match donations made by their employees. Please contact your Human Resources Office for more information.

- I have enclosed my company's matching gift documentation.
 I completed the matching gift information online.
 Matching gift documentation is being forwarded from my employer.

COMPANY NAME

Please send this completed form to:
Cooper Medical School of Rowan University
Promise Campaign
401 South Broadway
Camden, NJ 08103

Give Online
To make a gift quickly and securely, please visit: www.rowan.edu/coopermed/giving and click on “Auditorium Chairs.”