



TCNJ FUND



TCNJ FACULTY AND STAFF CAMPAIGN *Payroll Deduction Form*

Employee Name: _____ Home Address: _____

Office of: _____ City, State, ZIP: _____

Campus Address: _____ Home Phone: _____

Campus Extension: _____ Preferred E-mail Address: _____

NEW Payroll Deduction—I authorize the payroll office to deduct \$ _____ per pay period.
I understand the deduction will continue unless I notify the payroll office in writing.

CHANGE Payroll Deduction—I would like to change my payroll deduction.
 Please increase my current donation to \$ _____ per pay period.
 Please decrease my current donation to \$ _____ per pay period.

Signature (required)

Date Signed

Please designate my ongoing gift to:

- | | |
|-------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> TCNJ Fund | <input type="checkbox"/> School of Humanities and Social Sciences |
| <input type="checkbox"/> Athletics Program | <input type="checkbox"/> School of Nursing, Health, and Exercise Science |
| <input type="checkbox"/> EOF Promise Endowment | <input type="checkbox"/> School of Science |
| <input type="checkbox"/> School of the Arts & Communication | <input type="checkbox"/> Student Affairs |
| <input type="checkbox"/> School of Business | <input type="checkbox"/> TCNJ Library |
| <input type="checkbox"/> School of Education | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> School of Engineering | |

- My spouse's employer matches gifts. A completed matching gift form is enclosed.
 Please send me information regarding charitable and estate planning options.

Thank you for your support!

Please return this form to the Office of Development.
 Green Hall 215 • 609.771.2925 • fax: 609.637.5108
 tcnjfund@tcnj.edu • give.tcnj.edu
 Please allow 2-3 pay periods for all submissions to take effect.