



# TCNJ FUND



## FACULTY AND STAFF *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:

TCNJ Fund

TCNJ General Scholarships

Athletics Program

Educational Opportunity Fund (EOF)

R. Barbara Gitenstein Library

School of the Arts and Communication

School of Business

School of Education

School of Engineering

School of Humanities and Social Sciences

School of Nursing, Health, and Exercise Science

School of Science

Student Affairs

Other \_\_\_\_\_

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 and Alumni Engagement

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.