



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:

☐ TCNJ Fund

☐ Athletics Program

☐ Bonner Community Partner Fund

☐ Campus Enhancement Fund

☐ Educational Opportunity Fund (EOF)

☐ The Fund for Inclusive Excellence

☐ R. Barbara Gitenstein Library

☐ School of the Arts & Communication

☐ School of Business

☐ School of Education

☐ School of Engineering

☐ School of Humanities and Social Sciences

☐ School of Nursing and Health Sciences

☐ School of Science

☐ Student Affairs

☐ Susan Hydro Graduate Studies Fund

☐ TCNJ Scholarship Fund

☐ 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 • 609.771.2218 • fax: 609.637.5108 • tcnjfund@tcnj.edu • give.tcnj.edu

Please allow 2-3 pay periods for all submissions to take effect.