

TCNJ ANNUAL FUND

Name: _____ Degree/ Year: _____
(As you wish it to appear in annual report)

Spouse or Partner: _____ Degree/ Year: _____
Address: _____

City: _____

State: _____ Zip: _____

Telephone: _____

Email Address: _____

Enclosed is my gift of \$ _____
Please make check payable to: *TCNJ Foundation*.

Please charge my contribution of \$ _____ to:

- American Express
- Discover
- Master Card
- Visa

Card No: _____

Exp. Date: _____

Authorized Signature: _____

Please designate my gift to:

- TCNJ's Greatest Needs
- School of Arts & Communication
- School of Business
- School of Culture and Society
- School of Education
- School of Engineering
- School of Nursing, Health, and Exercise Science
- School of Science
- Athletics Program
- EOF Promise Award
- Student Affairs
- TCNJ Library
- _____

I am providing my gift in honor/ memory of: _____

I have included my matching gift form.

I wish my gift to be made anonymously.

I want to learn about:

- Volunteer Opportunities
- Planned Giving Opportunities
- Taking a Campus Tour

**For more information, contact the Office of Development & Alumni Affairs:
P) 609-771-2393 F) 609-637-5108 W) www.tcnj.edu/alumni**

Please return this form to:

**The Annual Fund
TCNJ Foundation
PO Box 7718
Ewing, NJ 08628-0718**

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