

TCNJ FACULTY AND STAFF CAMPAIGN PAYROLL DEDUCTION FORM

Employee Name: _____

Office of: _____

Campus Address: _____

Campus Extension: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Preferred Email 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

Please designate my ongoing gift to:

- | | |
|---|--|
| <input type="checkbox"/> Athletics Program | <input type="checkbox"/> School of Nursing |
| <input type="checkbox"/> EOF Promise Award | <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's Greatest Needs |
| <input type="checkbox"/> School of Culture and Society | <input type="checkbox"/> TCNJ Library |
| <input type="checkbox"/> School of Education | <input type="checkbox"/> _____ |
| <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.

**Please return this form to the Office of Development & Alumni Affairs, Green 211
609-771-2185 • FAX 609-637-5108**

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