

Montclair State University
ANNUAL FUND

Name _____ Name in School _____

Alumnus – Graduation Year _____ Major _____

Friend Parent of an MSU Student _____
(Child's name and class year)

Mailing Address _____ City _____ State _____ Zip Code _____

Check here if new address. Home Telephone _____ E-mail Address _____

I WANT TO INVEST IN THE FUTURE OF MONTCLAIR STATE UNIVERSITY

PLEDGE I pledge \$ _____ to Montclair State University.

I will fulfill this pledge in _____ payments of \$ _____ starting on _____

I will submit checks on a: Monthly Quarterly basis

in the amount of \$ _____ starting _____, 200____ and ending _____, 200 ____.

Would you like reminders sent to you? Yes No

CHECK

Amount Enclosed \$ _____ A matching contribution will be made by my employer
(please enclose matching gift form, if applicable)

CREDIT CARD

I authorize the payment of \$ _____ to Montclair State University Foundation, Inc. as follows:

MasterCard Visa Card No. _____ Exp. Date _____

Cardholder's Name (please print)

Cardholder's Signature

GIVING PREFERENCE

Montclair State's Greatest Needs Other (Tell us where you want your gift to go) _____

All gifts received with no specific designation will be posted to the Annual Fund as unrestricted.

PLANNED GIVING

If you would like to include Montclair State in your will, please call the Annual Fund Office at (973) 655-7492.

Please return this form with your contribution to: Montclair State University
Annual Fund Office
One Normal Avenue
Montclair, NJ 07043
(973) 655-7492
(973) 655-5452 (fax)