Faculty and Staff Annual Giving 2018 - 2019

MAKE AN IMPACT!

Call ext. 7492 for more information.

MONTCLAIR STATE UNIVERSITY FOUNDATION

The Fund for Montclair State:

- Your gift to the University is one of the clearest and most important statements you can make about your commitment to our students and your pride in Montclair State.
- You can direct your gift toward a specific department, program or scholarship fund, or to support the University's most pressing needs.
- You can ensure that University priorities are met and serve as an ambassador for our mission.
- All gifts, large or small, add up to make a big impact. Those who make a gift of $1,000 or more are recognized as members of The President's Club.

Ways to Give:

- Automatic payroll deduction (see below)
- Online at montclair.edu/make-a-gift
- In person, at the Office of University Advancement
- An estate plan

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ALL GIFTS ARE TAX-DEDUCTIBLE. THANK YOU FOR YOUR SUPPORT!

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Here's how your gift adds up:

<table>
<thead>
<tr>
<th>Pay Periods</th>
<th>$5</th>
<th>$10</th>
<th>$20</th>
<th>$40</th>
<th>$50</th>
<th>$75</th>
<th>$100</th>
</tr>
</thead>
<tbody>
<tr>
<td>26 periods</td>
<td>$130</td>
<td>$260</td>
<td>$520</td>
<td>$1040</td>
<td>$1300</td>
<td>$1950</td>
<td>$2600</td>
</tr>
</tbody>
</table>

I authorize Montclair State University to deduct the following from my payroll check:

☐ OPTION ONE: Deduct $______ each pay period beginning next pay period until I notify the Montclair State University Foundation in writing to stop or change.

☐ OPTION TWO: Deduct $______ each pay period beginning next pay period for a total pledge of $____________ from my paycheck.

Name:_________________________________________________________________________________________

Faculty ☐ Staff ☐

CWID:________________________________________________      __________________________________________      _____________

(Required for payroll office)                                                                                                       (Signature)                                                                    (Date)

Phone Ext. ____________________________________________

☐ Please recognize this as a joint gift with my spouse/partner: (Name)________________________________________________________

☐ Enclosed is my corporate matching gift form.

Please designate my gift to: ☐ The Fund for Montclair State ☐ Second Century Scholarship Fund ☐ Red Hawk Athletic Fund

☐ Other: ____________________________________________ (School, College, Department, Program, Fund)

Please return completed form in person, interoffice, mail or email to:

Montclair State University Foundation, 150 Clove Rd. 3rd Fl., Little Falls, NJ 07424
973-655-7492 / giving@montclair.edu