

**Office of Development****Annual Fund**

Name \_\_\_\_\_ Name as student \_\_\_\_\_

 Alumnus – Graduation Year (s) \_\_\_\_\_ Major/Degree \_\_\_\_\_ Friend  Parent of an NJCU Student \_\_\_\_\_  
Student's name and class year \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

 Check here if new address. Home Telephone \_\_\_\_\_ E-mail \_\_\_\_\_**PLEDGE**

I pledge \$ \_\_\_\_\_ to New Jersey City University.

I will submit checks on a  Monthly  Quarterly basis in the amount of \$ \_\_\_\_\_  
starting \_\_\_\_\_, 20\_\_\_\_ and ending on \_\_\_\_\_ 20\_\_\_\_.Would you like reminders sent to you?  Yes  NoCHECK – Please make payable to the **New Jersey City University Foundation, Inc.** Amount enclosed  
\$ \_\_\_\_\_ A matching contribution will be made by my employer and I will send the form with my check.**CREDIT CARD**

I authorize the payment of \$ \_\_\_\_\_ to the New Jersey City University Foundation, Inc. as follows:

 MasterCard  Visa \_\_\_\_\_ Expiration Date \_\_\_\_\_

CREDIT CARD NUMBER

\_\_\_\_\_  
Cardholder's Name (please print)\_\_\_\_\_  
Cardholder's Signature**Planned Giving**

If you are interested in making a planned gift to New Jersey City University through your will or estate, please call Lori Summers, Director of Development at (201) 200-3489 or lsummers@njcu.edu.

**PLEASE DESIGNATE MY GIFT TO:**

- NJCU's Greatest Needs (Unrestricted gift)  
 NJCU Foundation Scholarship Fund  
 College of Arts and Sciences  
 College of Education  
 College of Professional Studies  
 Other \_\_\_\_\_

**Please return this completed form with your donation to:**

NJCU Office of Development, Hepburn Hall, Room 321, 2039 Kennedy Boulevard, Jersey City, NJ 07305-1597