



Please complete and send original to University Advancement (keep a copy for your records)

FORMS MUST BE RECEIVED BY THE 5TH OF THE MONTH TO BE EFFECTIVE FOR THE NEXT PAYROLL PERIOD

DONOR INFORMATION

| | | |
|------------|---------------|---|
| Last Name: | First Name: | M.I.: |
| Address: | City, ST ZIP: | |
| Empl ID: | Phone: | <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Bus. |
| Email: | | |

EMPLOYMENT INFORMATION

| | |
|------------|-------------|
| Job Title: | Department: |
|------------|-------------|

GIVING TO STANISLAUS STATE

(If you opt to support multiple funds, please indicate the \$ amount to be applied to each)

| | | | |
|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Stan Fund-College of the Arts, Humanities & Social Sciences (A9081) | <input type="checkbox"/> | First-Generation Presidential Scholars (A5015) |
| <input type="checkbox"/> | Stan Fund-College of Business Administration (A9082) | <input type="checkbox"/> | Alumni Scholarship Fund (A5707) |
| <input type="checkbox"/> | Stan Fund-College of Education, Kinesiology & Social Work (A9083) | <input type="checkbox"/> | Warrior Athletics Talent Scholarship (A5090) |
| <input type="checkbox"/> | Stan Fund-College of Science (A9084) | <input type="checkbox"/> | Campus Cares-Student Emergencies (A9836) |
| <input type="checkbox"/> | Stan Fund-Library (A9085) | <input type="checkbox"/> | Campus Cares-Food Insecurities (A9046) |
| <input type="checkbox"/> | Stan Fund-Stockton Center (A9086) | <input type="checkbox"/> | AdvoCATS (TM368) |
| <input type="checkbox"/> | Stan Fund-Area of Greatest Need (A9089) | <input type="checkbox"/> | Contact UA for more fund options |
| <input type="checkbox"/> | International Study Abroad (A9844) | <input type="checkbox"/> | |

DEDUCTION INFORMATION

| Type (Please check ONE box) | Deduction Amount |
|--|---|
| <input type="checkbox"/> New | <input type="checkbox"/> \$10.00 per month |
| <input type="checkbox"/> Delete | <input type="checkbox"/> \$25.00 per month |
| Delete Fund # | <input type="checkbox"/> \$50.00 per month |
| <input type="checkbox"/> Change | <input type="checkbox"/> \$100.00 per month |
| Change to Fund # | <input type="checkbox"/> Other: _____ (minimum \$5.00 per month) |

AUTHORIZATION

I hereby authorize the State Controller to deduct from my salaries and wages the amount specified now, and in the future, for payment of the above contributions to **California State University, Stanislaus**.

This authorization will remain in effect until cancelled by me or by **California State University, Stanislaus Foundation**.

I certify I am an employee of **California State University, Stanislaus** and understand that termination of employment will cancel all deductions made under this authorization.

| | |
|------------|-------|
| Signature: | Date: |
|------------|-------|

FOR OFFICE USE ONLY

| | | |
|-------------------|------|----------------------------|
| Pay Period | | Deduction Code: 089 |
| Month | Year | Org. Code: 014 |

Comments:

For questions, please contact Irma Sandoval (209) 667-3131 or via email at isandovalguerra@csustan.edu

Please submit this form to Irma Sandoval at
 Office of University Advancement
 One University Circle, MSR 300 Turlock, CA
 95382
 (209) 667-3131