



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.
Fax:	Email:	

EMPLOYMENT INFORMATION

Job Title:

Department:

GIVING TO STANISLAUS STATE
(See attachment for areas to support)

Fund Name:

DEDUCTION INFORMATION

Deduction Code: 089	Deduction Amount		Pay Period	
Org. Code: 014	<input type="checkbox"/>	\$ 4.17/mo. (\$ 50.04/yr.)	(Office Use Only) Month Year	
	<input type="checkbox"/>	\$ 8.34/mo. (\$ 100.08/yr.)		
	<input type="checkbox"/>	\$ 20.84/mo. (\$ 250.08/yr.)		
Type	<input type="checkbox"/>	\$ 41.67/mo. (\$ 500.04/yr.)		
(Please check ONE box)	<input type="checkbox"/>	\$ 64.50/mo. (\$ 750.00/yr.)		
<input type="checkbox"/> New	<input type="checkbox"/>	\$ 83.34/mo. (\$1,000.08/yr.)		
<input type="checkbox"/> Delete	<input type="checkbox"/>	\$208.34/mo. (\$2,500.08/yr.)		
Delete Fund #	<input type="checkbox"/>	\$250.00/mo. (\$3,000.00/yr.)		
<input type="checkbox"/> Change	<input type="checkbox"/>	\$416.67/mo. (\$5,000.00/yr.)		
Change to Fund #	<input type="checkbox"/>	Other:		

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.

Signed: _____ Date: _____

FOR OFFICE USE ONLY

Comments:

For questions, please contact Sandra Santini (209) 667-3131 or via email at ssantini@csustan.edu

Please submit this form to Sandra Santini at
Office of University Advancement
One University Circle, MSR 300
Turlock, CA 95382
Phone: (209) 667-3131 / Fax: (209) 667-3026