## California State Fullerton, Fullerton It's Our University Campaign - Payroll Deduction

<u>I would like to</u> :	CEnroll in payroll deduction
	○ Change my payroll deduction
	○ Cancel my payroll deduction

Please deduct a total monthly amount of: \$

Please indicate the monthly distribution per fund below. The minimum payroll deduction amount is \$10 per fund

Please designate my gift or change my existing gift to the following:

Fund 1:	Account 1:	Amount 1: \$	
Fund 2:	Account 2:	Amount 2: \$	
Fund 3:	Account 3:	Amount 3: \$	
Fund 4:	Account 4:	Amount 4: \$	

For a list of accounts you can support, please visit: www.fullerton.edu/foundation/direct/a-z.asp

⊖Dr. ⊖Mr. ⊖Mrs. ⊖Ms.
First Name: Last Name:
Social Security # (required only for payroll deduction):
College/Department:
Campus Address:
Campus Phone (please include the area code):
Home Address:
City: State: Zip:
Home Phone:
Spouse Name:
Please check all that apply:  Faculty  Staff  Emeritus/a
CSUF Alumnus/a Year: Major: Name when enrolled:
I hereby authorize the State Controller to deduct from my salaries and wages the amount specified

now or in the future for philanthropic gifts for which I have agreed, which are maintained by the Cal State University Philanthropic Foundation (Deduction/Organization Code 089/049).

This authorization will remain in effect until cancelled by myself or the above named organization.

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

Signed:

## Please return your completed form to:

Adriana Bitoun, Cal State Fullerton Philanthropic Foundation; 2600 Nutwood Ave, College Park 850; Fullerton, CA 92831 If you need more information regarding the It's Our University campaign, please contact Todd Frandsen at 657-278-8569.