

I would like to:

Enroll in payroll deduction

Change payroll deduction

Cancel payroll deduction

**Personal Information:**

First Name:  Last Name:

Social Security No.   
*(required for payroll deduction):*

Home Address:

City:

Zip:

Mobile Phone:

Division:  Academic Affairs  Admin. and Finance  HRDI  IT  Student Affairs  UA

Department:

Office Phone:

Check all that apply:  Faculty  Staff  Emeritus/a

FUND NAME	ACCOUNT	AMOUNT
Titan Fund <i>(university's greatest needs)</i>	91610	\$
College of the Arts	40000	\$
College of Communications	60000	\$
College of Education	85000	\$
College of Engineering and Computer Science	20000	\$
College of Health and Human Development	80000	\$
College of Humanities and Social Sciences	30000	\$
College of Natural Sciences and Mathematics	70000	\$
Mihaylo College of Business and Economics	10000	\$
University Library	97600	\$
Titan Athletics Fund	95980	\$
Fullerton Arboretum	93000	\$
<i>Other (search for a fund at giving.fullerton.edu)</i>		\$

**TOTAL \$**

I hereby authorize California State University, Fullerton to deduct the total amount listed above each pay period. I understand that this payroll deduction, change or cancellation request will take effect in 4 to 8 weeks from the date received by University Advancement.

Signature

Date

**Return completed form to:**  
Faculty, Staff and Emeriti Giving; CP-850 or  
2600 Nutwood Ave, Ste. 850  
Fullerton, CA 92831

**For more information:**  
fullerton.edu/its-our-university  
Alejandra Morante / 657-278-4180 / titanfund@fullerton.edu  
Appeal Code: 24M151