



The Fresno State Annual Fund

California State University, Fresno
 Fresno State Alumni Association
 2625 E Matoian Way SH124
 Fresno, CA 93740-8000
 Phone: 559.278.2586 / Fax: 559.278.6790

Payroll Deduction Authorization Form
 (for **State of California** employees)

Please complete and send original to FRESNO STATE ALUMNI ASSOCIATION (Keep a copy for your records)

I. DONOR INFORMATION

Last name:	First name:	M.I.:
Address:	Social Security Number:	
	Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Office
City/State/Zip:	Fax:	
	E-mail:	

II. EMPLOYMENT INFORMATION

Job Title:

III. DONATION INFORMATION

SELECT DEDUCTION INFORMATION BELOW:

IV. GIVING TO FRESNO STATE

School/unit: Fresno State Alumni Association	<input type="checkbox"/> Bulldog Pride Fund
Account name: Bulldog Pride Fund	Account number: 30103.9108

V. DEDUCTION INFORMATION

Deduction Code:	Organization Code:	Deduction Amount:	Type (Please check ONE Box)	Pay Period: (Office use only)	
				Month	Year
089	028	<input type="checkbox"/> \$8.34/month (\$100.08/year) <input type="checkbox"/> \$20.84/month (\$250.08/year) <input type="checkbox"/> \$41.67/month (\$500.04/year) <input type="checkbox"/> \$64.50/month (\$750.00/year) <input type="checkbox"/> \$83.34/month (\$1,000.08/year) <input type="checkbox"/> \$208.34/month (\$2,500.08/year) <input type="checkbox"/> \$416.67/month (\$5,000.04/year)	<input type="checkbox"/> New <input type="checkbox"/> <i>Delete (to delete an existing payroll deduction):</i> <i>Specify: _____</i> <input type="checkbox"/> <i>Change (to change an existing payroll deduction):</i> <i>Specify: _____</i>		

VI. AUTHORIZATION

I hereby authorize the state collector 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, Fresno**.

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

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

Signed: _____ Date: _____

For office use only

Comments: