



The Fresno State Annual Fund

California State University, Fresno
 Fresno State Alumni Association
 2625 E Matoian Way SH124
 Fresno, CA 93740-8000
 Phone: 278.ALUM/ Fax: 278.6790

Payroll Deduction Authorization Form (for Auxiliary Corporation employees)

Association Foundation Programs for Children Ag

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"/> \$4.17/pay period (\$100.08/year) <input type="checkbox"/> \$10.42/pay period (\$250.08/year) <input type="checkbox"/> \$20.84/pay period (\$500.16/year) <input type="checkbox"/> \$31.25/pay period (\$750.00/year) <input type="checkbox"/> \$41.67/pay period (\$1,000.08/year) <input type="checkbox"/> \$104.17/pay period (\$2,500.08/year)	<input type="checkbox"/> New <i>payroll deduction):</i> <i>Specify: _____</i> <input type="checkbox"/> Change (to change an existing <i>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: