

Gift Pledge Payroll Deduction Authorization

I wish to support San Francisco State University through monthly payroll deduction and hereby authorize the California State Controller to withhold from my University salary:

A total of \$ _____ each month effective with the _____ pay period.*
(month/year)

I understand that this monthly payment will continue until I notify The University Corporation, San Francisco State to stop this deduction.

I wish to designate my gift as follows: *(please choose one)*

Please check one:

- Unrestricted
- University Scholarship Fund
- _____
(designated scholarship fund)
- _____
(college/department/program)

- New deduction
- Increase/decrease amount
- Delete current deduction
- Change current deduction

For a total annual contribution of:	The monthly deduction is:
\$1,000.00 **	\$83.34
500.00	41.67
250.00	20.84
100.00	8.34

** acknowledged through membership in the President's Circle

I understand that I can, at any time during my employment, alter the terms of this payroll deduction pledge by submitting written notification to The University Corporation, San Francisco State.

The above gift should be credited in the name of:

Please print full name

Social Security Number

Address

City

State

Zip Code

Campus Department

Home Phone

Campus Extension

Signature

Date

Each year the University lists donors by gift category, in a published report.

How do you wish your name to appear?

If you prefer not to be included in such a publication, please check here.

** Please allow up to 30 days lead time for processing.*