

Comments:

## 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 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:										
Address.			Social Security Number:							
City/State/Zij	n:		Phone:							
211), 21410, 21	··		Fax:							
			E-mail:							
II. EMPLOYMENT INFORMATION										
Job Title:										
III. DONATION INFORMATION										
SELECT I	DEDUCTION IN	FORMATION BELOW:								
		IV GIVING TO FRES	NO STATE							
IV. GIVING TO FRESNO STATE										
School/unit:	Fresno Si	tate Alumni Association	☐ Bulldog Pride Fund ☐ GSA Network Award ☐ TimeOut Spirit Award ☐ Harvey Milk Hope Award ☐ ASI Presidents' Award							
Account nam	e: Bulldog I	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)							
089	028	□\$8.34/month (\$100.08/year) □\$20.84/month (\$250.08/year) □\$41.67/month (\$500.04/year) □\$64.50/month (\$750.00/year) □\$83.34/month (\$1,000.08/year) □\$208.34/month (\$2,500.08/year) □\$416.67/month (\$5,000.04/year)	□ New □ Delete (to delete an existing payroll deduction): Specify: □ Change (to change an existing payroll deduction): Specify: Specify:							
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 <b>California State University</b> , <b>Fresno</b> .  This authorization will remain in effect until cancelled by me or by <b>California State University</b> , <b>Fresno Foundation</b> .  I certify I am an employee of <b>California State University</b> , <b>Fresno</b> and understand that termination of employment will cancel all dedications made under this authorization.										
Signed:Date:										
For office use only										



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Phone: 278.ALUM/ Fax: 278.6790

## **Payroll Deduction Authorization Form** (for Auxiliary Corporation employees) ☐ Association ☐ Foundation ☐ Programs for Children ☐ Ag

Please co	omplete and sen	nd original to FRESNO STATE ALUM	INI AS	SSOCIATION (Keep a copy for yo	ur record	ds)				
I. DONOR INFORMATION										
Last name:			First r	name:	M.I.:					
Address:										
Nucleos.			Soc	ial Security Number:						
City/State/Zip:				Phone:						
			Fax: E-ma	iil·						
		II EMDI OVMENT INE								
Job Title:		II. EMPLOYMENT INF	OKMA	ATION						
Job Title.										
III. DONATION INFO				ΓΙΟΝ						
SELECT I	DEDUCTION IN	FORMATION BELOW:								
		IV. GIVING TO FRES	NO ST	ГАТЕ						
School/unit: Fresno State Alumni Association				Bulldog Pride Fund GSA N TimeOut Spirit Award ASI Presidents' Award						
Account name: Bulldog Pride Fund				unt number: 30103.9108						
		V. DEDUCTION INFO	)RMA	TION						
Deduction Code:	Organization Code:	Deduction Amount:		Type (Please check ONE Box)	Pay Period: (Office use only)					
089	028	□\$4.17/pay period (\$100.08/year) □\$10.42/pay period (\$250.08/year) □\$20.84/pay period (\$500.16/year) □\$31.25/pay period (\$750.00/year) □\$41.67/pay period (\$1,000.08/year) □\$104.17/pay period (\$2,500.08/year)	ır)	□ New payroll deduction):  Specify: □ Change (to change an existing payroll deduction):  Specify: □	Month	Year				
		VI. AUTHORIZA	ATION							
of the above This authoriz I certify I am dedications n	contributions to cation will remain an employee of nade under this a		fornia S	State University, Fresno Foundation and that termination of employment wi	ill cancel					
Signed:	Signed: Date:									
		For office use of	only							