



CALIFORNIA STATE UNIVERSITY EAST BAY

PAYROLL DEDUCTION AUTHORIZATION FORM

Thank you for supporting Cal State East Bay through workplace giving! Your support and hard work matters to our students, alumni and extended community. Many thanks for everything you do to enhance the University's superior educational environment.

If you are a **new donor** using payroll deduction for the first time or **increasing** your current workplace gift, please complete and return this form to:

Gift Processor
University Advancement
California State University, East Bay
25800 Carlos Bee Blvd, SA 4800
Hayward, CA 94542-3035

For more information, contact University Advancement Services at 510-885-2433

089/019 _____
DED/ORG CODE **LAST NAME, FIRST NAME, M.I.** **SOCIAL SECURITY NO.**

ORGANIZATION NAME: *CAL STATE EAST BAY EDUCATIONAL FOUNDATION*

I HEREBY AUTHORIZE THE STATE CONTROLLER TO DEDUCT FROM MY SALARIES AND WAGES THE FOLLOWING AMOUNT \$ _____ PER MONTH NOW, AND CONTINUING PER MONTH IN THE FUTURE, IN SUPPORT OF CALIFORNIA STATE UNIVERSITY EAST BAY. I REQUEST THAT THIS CONTRIBUTION BE DIRECTED TO:
(PLEASE CHECK ONE)

- The University Fund** – unrestricted University support, to be used where needed most
- Unrestricted scholarship support**
- Dedicated support** – restricted to a designated area of the University. Please specify how to direct your dedicated gift.
 - College: Circle the college you wish to support. College of Business and Economics; College of Education and Allied Studies; College of Letters, Arts, and Social Sciences; College of Science.
 - Department/Program: _____
Specify the University department or program you wish to support
 - Scholarships: _____
Specify the University, college, department, program or specific scholarship fund you wish to support
 - Library: _____
Specify the area of the Library you wish to support, i.e. unrestricted Library support, collections, exhibits, technology
 - Intercollegiate Athletics: Circle the area of Athletics you wish to support.
Unrestricted athletics gift, Friends of Athletics, athletic training,
Men's: baseball, basketball, cross country, golf, soccer, track
Women's: basketball, cross country, golf, soccer, softball, swimming, track, volleyball, water polo,
Athletic Scholarships: _____
Unrestricted or please specify

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL CANCELED BY GIFT PROCESSOR OR BY THE ABOVE NAMED ORGANIZATION.

SIGNED: _____ **DATE:** _____