



PAYROLL DEDUCTION AUTHORIZATION FORM

As an investment in California State University, East Bay, I/We hereby agree to make the following commitment to the Cal State East Bay Educational Foundation:

Gift amount \$ _____

Please designate my gift for the following purpose(s): _____

NAME

SOCIAL SECURITY #

DEPARTMENT

HOME PHONE

EMAIL

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/We wish my/our gift to remain anonymous.

Your gift is tax-deductible to the extent allowed by law. The information you provide will be used for University business and will not be released unless required by law. In accordance with University and Educational Foundation policy, a small portion of all gifts is used to defray the cost of gift administration.

THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL CANCELED BY DONOR OR BY THE CAL STATE EAST BAY EDUCATIONAL FOUNDATION.

SIGNED: _____ **DATE:** _____

Cal State East Bay Educational Foundation
University Advancement, SA 4700
25800 Carlos Bee Blvd.
Hayward, CA 94542-9988
Attn: Fern Tyler, Advancement Services Manager