



SONOMA STATE UNIVERSITY ACADEMIC FOUNDATION, INC.
GIFT PLEDGE PAYROLL DEDUCTION AUTHORIZATION

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

Please check one:

- New Deduction Increase/Decrease Amount Cancel Current Deduction Change Current Deduction

Note: United Way contributions are handled by the Compensation Office and are not affected by these instructions

Please choose one option:

- A total of \$ each month effective with the pay period

I understand that this monthly payment will continue until I notify the Sonoma State University Academic Foundation to stop the deduction.

- A total pledge amount of \$ to be paid in monthly installments of \$

The Development Office will notify you when your pledge is fulfilled.

To stop the deduction, you will need to submit a cancellation request to the SSU Academic Foundation.

I wish to designate my gift as follows:

Allocate funds as follows:

- Unrestricted/Annual Fund: \$
Program/Fund: \$
Program/Fund: \$
Program/Fund: \$

I understand that I can, at any time during my employment, alter the terms of this payroll deduction pledge by submitting written notification to SSU Academic Foundation, Inc.

The above gift should be credited in the name of:

Please Check: Faculty Staff

Please print full name Date

Campus Department

Social security number

Home Phone

Address

Campus Phone

City State Zip

Each year the University publishes a list of donors. How do you want you name to appear?

Signature Please allow up to 30 days for processing

I do not wish to have my name listed. Revised 8/3/2006