



CALIFORNIA STATE UNIVERSITY, CHICO
Charitable Gift Payroll Deduction Authorization Form
 University Foundation
 530-898-4488 | Zip 0155

Last Name	First Name	MI
Street Address	City	State Zip
	Faculty Staff	
Home Phone	University Affiliation (check one)	Alumnus - Year
Campus Department	Zip	Business Phone

Please Check One or More:

- I would like to have the following amount deducted from my paycheck to support California State University, Chico: \$ _____ per month (\$10 per month minimum)
- I would like to change my current payroll deduction as follows:
- Change deduction amount to: \$ _____ per month
- Change designation(s): Please list the projects and amounts for each in the box below
- Delete Payroll Deduction

Please apply my gift to:

A college/school/department/program. Please specify area and amount:

- \$
- \$
- \$
- Other _____
- Please Specify: _____ \$
- I would like to make an unrestricted gift to support the University's greatest needs. \$

State Employee: I authorize the State Controller to deduct each month from my salaries and wages as specified. This authorization will remain in effect until canceled by me or by California State University, Chico. I certify that I am an employee of California State University, Chico, and I understand that termination of membership will cancel all deductions made under this authorization. I will be called by a Gift Processor and asked for my SSN to be given to the State Controllers office.

Employee ID Number: _____ Signature: _____ Date: _____

Research Foundation Employee: I authorize the CSU, Chico Research Foundation to deduct the monthly amount (one half each pay period) as specified. This authorization will remain in effect until canceled by me or by the Research Foundation.

Employee ID Number: _____ Signature: _____ Date: _____

Associated Students Employee: I authorize the Associated Students of California State University, Chico to deduct the monthly amount (one half each pay period) as specified. This authorization will remain in effect until canceled by me or by the Associated Students.

Employee ID Number: _____ Signature: _____ Date: _____