

California State University, Long Beach
Support the Beach Payroll Deduction Program
Payroll Deduction Form for Voluntary Contributions

Please use this form to initiate, change, or cancel your payroll deduction.

Dr./Mr./Mrs./Ms. _____
Last Name First M.I. Employee ID

College/Dept/Program _____

Campus Address _____

Campus Phone () _____ Campus Email _____

Home Address _____
City State Zip

Home Phone () _____

Check all that apply: Faculty Staff Emeriti
 CSULB Alumni Year: _____ Major: _____

Name when enrolled: _____

PAYROLL DEDUCTION

- New Deduction
 Change Deduction (*replaces existing deduction*)
 Cancel Deduction

Total Amount of Deduction: \$ _____ /Month
Please allocate my gift to (minimum monthly allocation is \$10 per fund):

Fund Description: _____ Amount: _____
Fund Description: _____ Amount: _____
Fund Description: _____ Amount: _____

For Office Use Only

Signature

Date

I hereby authorize the State Controller to deduct from my salaries and wages the amount specified now or in the future for philanthropic gifts for which I have agreed, which are maintained by the CSU, Long Beach Foundation (Deduction/Organization Code 089/043). This authorization will remain in effect until cancelled by CSULB or me.

Payroll deduction contributions may be tax-deductible. Please consult your tax advisor.
Annual gift acknowledgements will be provided for tax purposes.

Please return the completed form to:

Support the Beach, Foundation Building, Suite #324 – **Attn: Julie Wilson**

If you need additional information, please contact Julie Wilson at (562) 985-8867 or jwilson6@csulb.edu