

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. _____ Employee ID _____
LAST NAME FIRST M.I.

CA State Employee CSULB Research Foundation Employee

College/Dept/Program _____

Campus Address _____

Campus Phone () _____ Campus Email _____

Home Address _____

_____ CITY STATE ZIP CODE
Home Phone () _____

CHECK ALL THAT APPLY: Faculty Staff Emeriti Faculty/Staff Retired Faculty/Staff
 CSULB Alumni Year _____ Major _____
Name when enrolled _____

PAYROLL DEDUCTION

Total Amount of Deduction: \$ _____ /month

Please allocate my gift to (MIN. MONTHLY ALLOCATION IS \$10 PER FUND):

New Deduction
 Change Deduction (REPLACES EXISTING DEDUCTION)
 Cancel Deduction

FOR OFFICE USE ONLY

Fund Description _____ Amount _____

Fund Description _____ Amount _____

Fund Description _____ Amount _____

Signature _____ Date _____

I hereby authorize the State Controller or the CSULB Research Foundation 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 CSULB 49er Foundation. This authorization will remain in effect until cancelled by CSULB, the CSULB Research Foundation 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 julie.wilson@csulb.edu