



UNIVERSITY ADVANCEMENT FACULTY AND STAFF GIFT PLEDGE PAYROLL DEDUCTION AUTHORIZATION

I wish to support San Francisco State University through monthly payroll deduction and hereby authorize the California State Controller to withhold from my University salary. I understand that this monthly payment will continue until I notify the University Advancement to stop or alter the terms of this payroll deduction by submitting written notification to Irina Krasnitskaya, Gift Records Coordinator, at ADM 153 or by email at irinak@sfsu.edu. Please allow up to 30 days lead time for processing the form.

A total of \$ _____ each month effective with the _____ pay period. (month/year)

I wish to designate my gift as follows: (please choose one)

Please check one:

- Unrestricted
University Scholarship Fund
(Designated scholarship fund)
(College/Department/Program)

- New deduction
Increase/decrease amount
Stop current deduction
Change current designation

Table with 2 columns: For a total annual contribution of, The monthly deduction is. Rows include \$5,000.00, \$1,000.00, \$500.00, and \$250.00.

The above gift should be credited in the name of:

Text input field for name

Please print full name

Text input field for Social Security Number

Social Security Number

Text input field for Address

Address

Text input fields for City, State, and Zip Code

City State Zip Code

Text input field for Campus Department

Campus Department

Text input fields for Home Phone and Campus Extension

Home Phone Campus Extension

Text input fields for Signature and Date

Signature Date

Each year the University lists donors by gift category, in a published electronic/print report.

How do you wish your name to appear?

Horizontal line for name appearance options

If you prefer not to be included in such a publication, please check here.

Check box for publication preference