

# HUMBOLDT STATE UNIVERSITY

## PAYROLL DEDUCTION AUTHORIZATION DEDUCTION/ORG CODE 089/030

Last Name, First, M.I : \_\_\_\_\_

Social Security No. : \_\_\_\_\_

**YES! I want to make a gift via a monthly payroll deduction.**

I wish to designate my contribution to the following departments/programs/funds:

Amount \_\_\_\_\_ Fund \_\_\_\_\_

Amount \_\_\_\_\_ Fund \_\_\_\_\_

Amount \_\_\_\_\_ Fund \_\_\_\_\_

I hereby authorize the State Controller to deduct from my salaries and wages the amount specified now or in the future for charitable gifts to Humboldt State University.

This authorization will remain in effect until canceled by me or by the above named organization.

I certify I am a member of the above named organization and understand that termination of membership will cancel all deductions made under this authorization.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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*If you have questions, please contact the Office Philanthropy at x5200.*

*Once the form is signed, please send it by campus mail to Philanthropic Services, Nelson Hall West 201.*

**Development Office Use Only**

Date Received: \_\_\_\_\_

Sent to C/O: \_\_\_\_\_

Date Entered: \_\_\_\_\_

Pledge Reviewed: \_\_\_\_\_

RE Updated: \_\_\_\_\_

Pledge Scanned: \_\_\_\_\_

Thank You Sent: \_\_\_\_\_