



Payroll Deduction Form

(Must be a CSUMB employee)

Please print and sign

Please mark one of the following:

Clear Form

- I am a new payroll donor
- This is in addition to current deductions
- This replaces current deductions
- End payroll deductions

Gift Information

I authorize the amounts indicated below to be deducted each month and contributed to California State University, Monterey Bay for use as designated: (find more areas to support at donate.csUMB.edu/givingsearch)

- \$ _____ Area of Greatest Need (unrestricted)
- \$ _____ College/School (specify): _____
- \$ _____ Department (specify): _____
- \$ _____ Other (specify): _____
- \$ _____ **Total per month**

Continue deductions until: Ongoing OR Specific date _____ / _____ OR Max amount _____

Donor Information

Employee Name: _____

Employee or Otter ID: _____ (please include all 9 digits for employee ID)

Department/Building: _____ Office Phone: _____

Home Address: _____

Preferred email address: _____

Signature: _____ Date: _____

By signing above I indicate my understanding that a gift may not be fully tax deductible if there is a direct or indirect personal benefit to me. The account in which these funds are deposited will be under the control of the department head, departmental business officer or some other official who is not under my supervision. These funds cannot be directed to students or other employees who are involved in my personal activities nor can they be applied to any portion of my salary or to travel or entertainment expenses in which I participate. If scholarships or fellowships are to be awarded from these funds the recipient will be selected by a committee or representative of Financial Aid; I will not participate in the selection of the candidates and the funds cannot be awarded to members of my family, or myself. All gifts are irrevocable; please consult your personal tax advisor to determine full tax deductibility.

Please return to: Denise Wineglass in University Development. dwineglass@csUMB.edu
Deductions begin the first pay period after this form is processed (please allow two weeks).

University Development: 100 Campus Center, Building 97, Seaside, CA 93955 **Contact us at:** (831) 582-3047 or give@csUMB.edu

Development use only: _____ Payroll notified _____ Entered in RE _____ File copy _____ Binder copy _____