## **CSUMB EMPLOYEE CONTRIBUTION FORM**

Name	Social Security Number_	
Address		(required for payroll deduction)
Campus Extension Home F	hone	
☐ First time ☐ Change		
Name as you would like it to appear for recognition purposes		
Yes! I would like to give a <b>monthly</b> payroll deduction of:	)	
Your signature below authorizes a monthly deduction fr	om your paycheck.	
Signature		Date
I prefer to make a <b>one-time</b> gift to the annual fund of \$ Check enclosed		
Card number	·	Exp. Date
Authorizing Signature		·
Please select which fund you wish to support:  ☐ Please apply my gift where the need is greatest.		
Programs and Activities  Athletics, Intramurals, and Recreational Sports  Career Development Office Energy Innovation Fund Farm to School Partnership KAZU 90.3 FM Radio Station RISE (Recruitment in Science Education)	College of Professional Studies  Health, Human Services, and Public Policy Department Human Performance and Wellness Education Department Liberal Studies Department Reading Center School of Business School of Education	
<ul> <li>□ Service Learning Institute</li> <li>□ Tanimura &amp; Antle Family Memorial Library</li> <li>□ Tri-County Vision Endowed Scholarship</li> <li>□ Women's Leadership Council Endowed Scholarship</li> <li>□ World Theater</li> </ul>	College of Science, Media Arts & Technology  Division of Science and Environmental Policy James Rote Endowed Professorship Mathematics and Statistics Department School of Information Technology and	
College of Arts, Humanities, and Social Sciences  Division of Humanities and Communication Division of Social, Behavioral, and Global Studies Integrated Studies Program Music and Performing Arts Department School of World Languages and Cultures Visual and Public Art Department	Communications Design  Teledramatic Arts and Technol  Watershed Institute-Return of the  College of Undergraduate Studies  ASAP  Teaching, Learning, and Assess  Writing Program	ne Natives es and Programs

Minimum monthly deduction is \$10. Once you've enrolled in the program, it takes up to eight weeks for it to be effective. You may terminate your participation at any time by contacting the Development Office at 582-3549 or give@csumb.edu.

## All gifts are tax-deductible.

Questions? Contact Shirley Coly, 582-3549

Please return your completed form to University Advancement, Alumni & Visitors Center, Building 97

Thanks for your support!

