



**PHILANTHROPIC FOUNDATION
FACULTY/STAFF PAYROLL DEDUCTION AUTHORIZATION FORM**

I would like to:

- Enroll in payroll deduction Change my existing payroll deduction Cancel my payroll deduction

Employee (PS) #: _____ Prefix: Dr. Mr. Mrs. Ms.

Last Name: _____ First Name: _____

Permanent Address: _____ Preferred Phone: _____

Department: _____ Office Phone: _____

Check all that apply: MPP Faculty Staff Emeritus/a CSUDH Alumnus/a. Year _____

PAYROLL DEDUCTION AMOUNT – *Please indicate the monthly distribution per fund below. The minimum amount is \$5 per fund.*

FUND NAME	ACCOUNT	AMOUNT
<input type="checkbox"/> The Toro Fund (highest priorities)	8995	
<input type="checkbox"/> Faculty & Staff Fund for Student Support	8002	
<input type="checkbox"/> President's Scholars Fund (Scholarship)		
<input type="checkbox"/> College of Arts and Humanities greatest need		
<input type="checkbox"/> College of Business Admin & Public Policy greatest need		
<input type="checkbox"/> College of Education greatest need		
<input type="checkbox"/> College of Extended & International Education greatest need		
<input type="checkbox"/> College of Health, Human Services & Nursing greatest need		
<input type="checkbox"/> College of Natural & Behavioral Sciences greatest need		
<input type="checkbox"/> Library		
<input type="checkbox"/> Athletics		
<input type="checkbox"/> Other* (please specify): _____		
<input type="checkbox"/> Other* (please specify): _____		
Total monthly deduction amount of:		

**Other fund is pending upon account availability.*

I hereby authorize the State Controller to deduct from my salaries and wages the amount specified above. I understand that this authorized payroll deduction will remain in effect until I submit a new form approving a change or cancellation. I certify that I am an employee of the California State University, Dominguez Hills, and understand that termination of this employment will cancel all deductions made under this authorization.

Signature: _____ Date: _____

Please return your completed form to: Advancement Services (ATTN: Valerie Nguyen) 1000 E Victoria St, WH-425, Carson, CA 90747

For more information about the Faculty/Staff campaign, please contact Andre Khachaturians, Senior Director of Annual Giving & Advancement Services, at (310) 243-3276 or at akhacht@csudh.edu.