

San Diego State University – Payroll Deduction Authorization Form

Thank you for your support! Together, SDSU faculty and staff continue to create meaningful Aztec experiences for students and programs. Please complete this form and return via mail to the address below, email (donate@sdsu.edu), or in-person to The Campanile Foundation Office in the Alumni Center, 2nd Floor attn: Gift Administration.

Your tax-deductible payroll deduction gift is accepted and administered by The Campanile Foundation (TCF), an official 501 [c] [3] auxiliary organization of San Diego State University. The Tax I.D. number is 33-0868418.

Please contact Gift Administration if you would like to be anonymous or have any questions at donate@sdsu.edu or (619) 594-8941.

REQUIRED DONOR INFORMATION	
Name of Donor:	Red ID #:
Campus Extension:	Email:
<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Terminate	
GIFT DESIGNATION INFORMATION	
Please choose one or more areas to designate your gifts and monthly amount for each designation. (\$5.00 minimum donation per gift area per month)	
<input type="checkbox"/> College of _____ / Department: _____	\$ _____
<input type="checkbox"/> SDSU Scholarship Fund	\$ _____
<input type="checkbox"/> SDSU Excellence Fund	\$ _____
<input type="checkbox"/> University Library	\$ _____
<input type="checkbox"/> Athletics	\$ _____
<input type="checkbox"/> KPBS	\$ _____
<input type="checkbox"/> Aztec Parents' Fund	\$ _____
<input type="checkbox"/> Imperial Valley Campus	\$ _____
<input type="checkbox"/> Other: _____	\$ _____
EMPLOYEE AUTHORIZATION	
Please deduct my contribution from the following payroll:	
<input type="checkbox"/> SDSU <input type="checkbox"/> SDSU Research Foundation <input type="checkbox"/> Associated Students <input type="checkbox"/> Aztec Shops	
Requested Start Date of Payroll Deduction: _____	Or: ASAP
<p>I, _____, as an employee, hereby authorize the appropriate agency to deduct from my paycheck and transmit as designated the amount indicated herein to support the program/s of my choice sponsored by SDSU and its affiliated entities. I understand that deductions are automatic, and if indicated, are continuous until cancelled by me or my employment ends.</p>	
Employee Signature: _____	Date: _____