

GIFT PLEDGE PAYROLL DEDUCTION AUTHORIZATION

I wish to support Sonoma State University through monthly payroll deduction and hereby authorize the California State Controller to withhold from my University salary:

Please check one:

- ☐ New Deduction ☐ Cancel Current Deduction
☐ Increase/Decrease Amount ☐ Change Current Deduction

*Note: Payroll deduction contributions may be tax-deductible. Please consult your tax advisor.
Annual gift acknowledgements will be provided from University Advancement for tax purposes.*

Please choose one option:

- ☐ A total of \$_____ each month effective with the _____ pay period
I understand my monthly payment will continue until the deduction is personally cancelled with the SSU Foundation. The Foundation does not provide any goods or services in exchange for my payroll deduction.
- ☐ A total pledge amount of \$_____ to be paid in monthly installments of \$_____
The Advancement Office will notify you when your pledge has been fulfilled.

Please designate my contribution to:

- ☐ The Fund for Sonoma State-supporting the greatest needs of the University OR
☐ Instead of the Fund for Sonoma State, please allocate my gift to:
(please designate one or more programs or funds and the amount of gift below)

<input type="checkbox"/> Program/Fund: _____	\$ _____
<input type="checkbox"/> Program/Fund: _____	\$ _____
<input type="checkbox"/> Program/Fund: _____	\$ _____

- I understand I can, at any time during my employment, alter the terms of this payroll deduction pledge by submitting written notification to the SSU Foundation through the University Advancement Office, Salazar 2043
1801 East Cotati Ave, Rohnert Park, CA 94928 | Phone: 707.664.2712 | Fax: 707.664.2952 | email: advancement@sonoma.edu

The above gift should be credited in the name of:

Please Check: ☐ Faculty ☐ Staff

Please Print Full Name Date

Campus Department

Employee ID Number

Work Phone

Home Address

Cell Phone

City State Zip

The University publishes a list of donors.
How would you like your name to appear?

Signature _____

☐ I do not wish to have my name listed.

Please Allow Up to 60 Days for Processing

**When completed, please return either printed or electronic form to:
University Advancement, Salazar 2043 or advancement@sonoma.edu**