

California State University San Marcos
EMPLOYEE CONTRIBUTION FORM

Employee Name _____

Extension _____

Department _____

Email _____

Please designate my donation to the following area(s):

Minimum donation for payroll deduction is \$5 per month per category. You may contribute to as many categories as you wish.

- \$_____ per month **The Annual Fund (supports campus areas of greatest need)**
- \$_____ per month Athletics – Scholarships
- \$_____ per month College of Business Administration (CoBA)
- \$_____ per month College of Education, Health and Human Services (CoEHHS)
- \$_____ per month College of Humanities, Arts, Behavioral and Social Sciences (CHABSS)
- \$_____ per month College of Science and Mathematics (CSM)
- \$_____ per month Library
- \$_____ per month Extended Learning
- \$_____ per month Osher Lifelong Learning Institute
- \$_____ per month President's Circle
(Silver Level at \$1,000/yr ~ \$84 per month)
(Gold Level at \$2,500/yr ~ \$209 per month)

Other – please list department or program you wish to support:

\$_____ per month _____

\$_____ per month _____

\$_____ per month _____

\$_____ **TOTAL MONTHLY PAYROLL DEDUCTION** NEW ADDITION REPLACEMENT

I WISH TO MAKE A CASH DONATION of \$_____ to the following fund(s) _____
Please make check payable to Cal State San Marcos Foundation.

I WISH TO CHARGE MY CREDIT CARD \$_____ to the following fund(s) _____
VISA MasterCard American Express Discover

Card Number _____ Name on Card _____ Exp. Date _____ Sec. Code _____

For donations, please list my name in the Honor Roll of Donors as:

(This name will supersede any Honor Roll name already on record with University Advancement.)

_____ I wish to remain **anonymous** and **NOT** have my name listed in the Honor Roll of Donors.

I understand this information is CONFIDENTIAL and only University Advancement and Payroll personnel directly associated with the management of these donations will have access to this information. This deduction will remain in effect until I initiate a change in University Advancement.

TERMINATE – please stop payroll deduction(s) as of this date: _____

List names of funds you wish to terminate: _____

Employee Signature _____

Date _____

RETURN THIS FORM TO: UNIVERSITY ADVANCEMENT, CRAVEN HALL, Suite 5308- ATTN: Lynn Wellborn

FOR QUESTIONS CONTACT Sean Briner at sbriner@csusm.edu or call x4404.