CHARITABLE GIFT
PAYROLL DEDUCTION AUTHORIZATION FORM

Last Name  First  MI  Employee ID

Street Address  City, State  Zip Code
Phone: (home) ___________________  (work) ___________________

● Please Check One (or more):
  □ $_________  / paycheck  New Deduction
  □ $_________  / paycheck  Change in Deduction
  □ Delete Payroll Deduction
  Effective Date ________________

● Please Use My Contribution:
  □ Area or Program ___________________
  □ Scholarship Program ___________________
  □ Where Need is Greatest
  □ Other ___________________

STATE EMPLOYEES: I authorize the State Controller to deduct each month from my salaries and wages as specified. This authorization will remain in effect until canceled by me or by California Polytechnic State University, San Luis Obispo. I certify that I am an employee of California Polytechnic State University, San Luis Obispo, and I understand that termination of membership will cancel all deductions made under this authorization.

______________________________
Signature  Date

CAL POLY CORPORATION EMPLOYEES: I authorize the Cal Poly Corporation to deduct bi-weekly (the first two paydays of each month) as specified. This authorization will remain in effect until canceled by me or by Cal Poly Corporation, San Luis Obispo.

______________________________
Signature  Date

**One tax receipt will be issued at calendar year-end.**

Sample payroll deductions for annual membership in the Cal Poly Annual Gift Clubs are as follows:

<table>
<thead>
<tr>
<th>Support Group</th>
<th>Annual Contribution</th>
<th>Monthly Deduction</th>
<th>Bi-Weekly Deduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>President’s Round Table</td>
<td>($5,000 or more)</td>
<td>$417.00</td>
<td>$208.50</td>
</tr>
<tr>
<td>Cal Poly Centennial Society</td>
<td>($2,000-$4,999)</td>
<td>$167.00</td>
<td>$83.50</td>
</tr>
<tr>
<td>Partners in Excellence</td>
<td>($1,000-$1,999)</td>
<td>$84.00</td>
<td>$42.00</td>
</tr>
<tr>
<td>Cal Poly Friends</td>
<td>($60-$999)</td>
<td>$5.00</td>
<td>$2.50</td>
</tr>
</tbody>
</table>

*Payroll deduction minimum is $5.00 per month. The deduction will be in effect until the employee requests, in writing, it be discontinued. Please return form to Advancement Services, Heron Hall Rm. 109, or call 756-1555 if you have questions.