

For Office Use Only:
ID# _____
Source _____
Alloc _____
Pledge _____
Date sent to H/R _____

**YOUR INFORMATION**

FIRST NAME	MI	LAST NAME
DEPARTMENT	EMPLOYEE ID	
HOME ADDRESS		
CITY	STATE	ZIP
WORK PHONE	HOME PHONE	CELL PHONE

**WHERE WOULD YOU LIKE YOUR GIFT TO GO?**

PRESIDENT'S FUND FOR EXCELLENCE: Give Where It's Needed Most

CAL POLY CARES: STUDENT EMERGENCY FUND: Give to Students in Need

SPECIFIC COLLEGE, DEPARTMENT OR PROGRAM: \_\_\_\_\_

SPECIFIC SCHOLARSHIP: \_\_\_\_\_

**CHOOSE TO MAKE YOUR GIFT IN ONE OF THREE WAYS**

PAYROLL DEDUCTION (all new or change to deduction begin with next pay period)

Please deduct \$\_\_\_\_\_ from each paycheck. *Note: Minimum amount is \$5.00*

Please revise my total deduction to be \$ \_\_\_\_\_ from each paycheck

End my payroll deduction

I authorize the State Controller or the Cal Poly Corporation to process the payroll deduction selection listed above. This authorization will remain in effect until canceled by me or by California Polytechnic State University, San Luis Obispo or Cal Poly Corporation.

I am an employee of:  California Polytechnic State University  Cal Poly Corporation

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

CHECK

Enclosed is my check for \$\_\_\_\_\_ (Payable to Cal Poly Foundation)

CREDIT CARD

One Installment of \$\_\_\_\_\_

Ongoing Installments of \$\_\_\_\_\_ starting on \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)

Please charge this amount  annually  monthly  bi-monthly  semi-annually

**Credit Card Number** \_\_\_\_\_

MasterCard  VISA  American Express  Discover

Expiration Date \_\_\_\_\_ CVV Code \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

Signature \_\_\_\_\_ *(Required for credit card authorization)*