

My Information: (Please print)

Name	SSN (for payroll deduction only)
Home Address	College/Division/Department Office Extension
City/State/Zip	<input type="checkbox"/> Foundation employee <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
(Area Code) Home Phone	<input type="checkbox"/> 12 mo. employee <input type="checkbox"/> 10 mo. employee
Preferred E-mail	I prefer to be contacted at: <input type="checkbox"/> Home <input type="checkbox"/> Office

My contribution is designated to:

Department / Program / Scholarship	\$ _____ Per designation (month/annual)	Account # / Fund #
Department / Program / Scholarship	\$ _____ Per designation	Account # / Fund #

Two ways to give:

1. Payroll deduction: (Signature required)

(Please note: the State of California cannot process one-time payroll deductions)

- Current payroll deduction — no change This is a new/additional deduction
 I wish to update my current commitment (change \$ / designation)

Effective with the July pay period, deduct a total of \$ _____ per pay period, and allocate my gift as directed above.

Signature Date

Please note: Payroll deductions are automatically renewed each July 1. Please contact the Advancement Services Office any time you would like to change your deduction amount, designation or end date. Should you have questions regarding your deduction, please contact the Advancement Services Office at ext. 75006.

2. One time gift:

- Check for \$ _____ payable to the CSUSB Philanthropic Foundation
 Cash \$ _____
 Stock transfer

*Your Support Makes
the Difference!*

For PCI compliance reasons, your credit card information will be destroyed once processed.

- Credit card gift of \$ _____ Visa MasterCard American Express

Credit Card No. Expiration Date (MM/YYYY)

Name as it appears on credit card. Signature

To be entered into drawing:

Name: _____ College / Department: _____

Remembrance designation:

My gift is being made:

In MEMORY OF: _____
("In memory of" contributions are in memory of departed loved ones)

In HONOR OF: _____
("In honor of" contributions are in tribute to living loved ones)

We will notify a family member or friend of your gift in honor or memory of. Please notify:

Name: _____
(Please print clearly)

Street Address: _____

City: _____ State: _____ ZIP: _____

Thank you for your support!

Please return your completed form to:



Office of Annual Giving
California State University, San Bernardino
5500 University Parkway
San Bernardino, CA 92407
Contact: Terri Carlos
E-mail: tcarlos@csusb.edu
ph: (909) 537-7576
fx: (909) 537-7017