



SAN JOSÉ STATE UNIVERSITY

Payroll Deduction Authorization Form

YES, I want to support San José State University by making a gift through the Tower Foundation to be designated to _____ (College/Department).

My pledge amount of \$ _____ is to be fulfilled by payroll deduction. My social security number for verification purposes is _____.

This pledge will be paid over _____ months/years (maximum of three years).

OR

I would prefer to give \$ _____ every month until I notify you in writing to discontinue my payroll deduction or until paid.

I would prefer the first payment to begin _____
Month Day Year

(Note: Please allow 30 days for the deduction process to begin)

I prefer my gift remain anonymous.

Name(s): _____

Address: _____

Phone (daytime): _____ Phone (evening): _____

Fax number: _____ Email: _____

I/We wish to be listed for recognition as: _____

By signing I authorize San José State University to include this gift commitment in its internal reports, published materials, and annual report.

Signature(s) _____

Date _____

Mail completed form to:

San Jose State University
Advancement Services
One Washington Square
San Jose, CA 95192-0184