CAL MARITIME

California State University Maritime Academy
Rising Tide Campaign – Payroll Deduction

I would like to: ___Enroll in payroll deduction

___ Change my payroll deduction

___Cancel my payroll deduction

Please deduct a total monthly amount $_____*

Minimum payroll deduction amount is $10.00 per fund

Please designate my gift or change my existing gift to the following:

___Area of Greatest Need   Amount: $_____

___Scholarship Fund   Amount: $_____

___Student Life   Amount: $_____

 Other: _____   Amount: $_____

For a list of Fund areas you can support, please visit: https://www.csum.edu/support/rising-tide/program-support.html

___Dr.   ___Mr.   ___Mrs.   ___Ms.   ___Captain

First Name: MI: Last Name:

Social Security Number (required only for payroll deduction):_____

Department:_____

Please check all that apply: _____Faculty   _____Staff   _____Alumni

Campus Address: 200 Maritime Academy Drive, Vallejo, CA 94590

Campus Phone (please include the area code):_____ Home Phone:_____

Home Address:_____ City:_____ State:_____Zip: _____

Spouse Name(if applicable):_____

I hereby authorize the State Controller to deduct from my salaries and wages the amount specified now or in the future for philanthropic gifts for which I have agreed, which are maintained by the California Maritime Academy Foundation (Deduction/Organization 089/074).

This authorization will remain in effect until canceled by myself or the above-named organization.

I certify that I am an employee of the California State University Maritime Academy, and understand that termination of this employment will cancel all deductions made under this authorization.

Signed:_____Date:_____

Please return your completed form to:
California Maritime Academy Foundation, Advancement Services, 200 Maritime Academy Drive, Vallejo, CA 94590
For Questions or Information, call Director of Annual Giving, Domini Maffei Schmid 707-654-1299