


Active Employee Payroll Deduction Form

	Support Branch or Display		PAYROLL DEDUCTION AUTHORIZATION	
	<div></div> <small>To support a Branch or Display please fill in the Unit designator.</small>		Return To: Cal Fire Museum 3800 Sierra Way San Bernardino, CA 92405	
089/057 - -				
DED/ORG CODE		LAST NAME	FIRST	M.I. SSN
ADDRESS		(No. & Street)	(City)	(State) (Zip)
I HEREBY AUTHORIZE THE STATE CONTROLLER TO DEDUCT FROM MY SALARIES AND WAGES THE AMOUNT DESIGNATED BELOW FOR MEMEBERSHIP AS A SUPPORTING MEMBER OF THE ABOVE NAMED ORGANIZATION.				
THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL CANCELLED BY ME OR BY THE ABOVE NAMED ORGANIZATION				
I AUTHORIZE: <input type="checkbox"/> \$5.00 PER MONTH <input type="checkbox"/> \$10.00 PER MONTH <input type="checkbox"/> Other enter Amount: \$ <div></div>				
SIGNED: <div></div> DATE: <div></div>				

If you would like to support the Historical Society and Museum for the California Department of Forestry and Fire Protection (CalFire) and enroll as a regular subscriber via payroll deduction, complete the form above including your full first and last name AND middle initial with your full SSN, and return with an original signature to:

Cal Fire Museum
3800 Sierra Way
San Bernardino, CA 92405

Processing takes 10-20 days and deductions will take effect within 1 - 2 pay cycles. If you'd ever like to make an adjustment or unsubscribe from the program, you can notify us directly in writing at the same address. We greatly appreciate your financial contributions and take the security of your personal information seriously. Contribution adjustments cannot be made via telephone, email or electronic communication.

Thank You For Your Support!