

UNIVERSITY OF FLORIDA FOUNDATION, INC.  
POST OFFICE BOX 14425  
GAINESVILLE, FL 32604

FACULTY-STAFF  
PAYROLL DEDUCTION  
GIFT AUTHORIZATION (UFF-R)  
SUBMIT TO:  
UF FOUNDATION GIFT PROCESSING  
392-9876

I authorize a continuous, biweekly pay period payroll deduction in the amount shown below to be deposited within the University of Florida Foundation, Inc.

**I understand that this deduction will continue until I notify the Foundation, in writing, of my desire to cancel this deduction.**

Name (please print):

UF/Shands ID #:

Home Address:

City, State, Zip:

Work Address (include Building Name, P.O. Box & Zip):

Employed By:                      Univ. of FL \*                      UF Foundation                      Shands  
   9 month                      or                      12 month (UF employee)

Preferred Phone:

Preferred E-Mail:

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

Amount of biweekly pay period deduction: \$

This gift, made through payroll deduction, is to be anonymous:                      NO                      YES

**Please use my gift for:**

the University's highest priorities (unrestricted)

the College of \_\_\_\_\_ highest priorities (unrestricted)

a restricted purpose (please specify):

**\*State OPS employees are not eligible for payroll deductions.**

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**NOTE: "UF and UFF" payroll deductions are made from 24 pay periods or from 16 pay periods if a faculty member's compensation is based on a 9-month salary. Shands deductions are for 26 pay periods.**

\*\*\*\*\* PLEASE DO NOT WRITE BELOW THIS LINE \*\*\*\*\*

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The following is to be completed by UF Foundation:

UF/Shands ID:

Advance ID:

Fund:

Name:

Dollar Amount: \$