

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.**

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 *******

The following is to be completed by UF Foundation:

UF/Shands ID:

Advance ID:

Fund:

Name:

Dollar Amount: \$ _____