

EMPLOYEE INFORMATION**Appeal Code:** _____**Name:** _____ **Employee ID#:** _____

(required – can be found on your timesheet)

Department: _____**PAYROLL DEDUCTION AUTHORIZATION****My monthly contribution is:**

\$ _____ On-going monthly payroll deduction (\$5.00 suggested minimum).

Note: Employees paid biweekly will see one-half of the monthly amount deducted 24 times a year. Your payroll deduction will remain in effect until employment termination or until canceled.

\$ _____ Monthly payroll deduction until my pledge of \$ _____ is fulfilled.

If you currently have a payroll deduction, please check one:

- This form replaces current deduction
- This form is in addition to current deduction
- I wish to cancel my payroll deduction to the UC Riverside Foundation

This deduction is effective in the pay period following receipt of the form in the UC Riverside Foundation Office, subject to Payroll Office cut-offs.

GIFT DESIGNATIONGifts can be split between multiple designations per employee's direction. For a complete list of available designations, visit: donate.ucr.edu/givenow. If you would like to give to more than one fund, please indicate the monthly amount for each fund.

\$ _____ Living the Promise: University Greatest Needs

\$ _____ Student Scholarships

\$ _____ Staff Assembly/Society 54

\$ _____ Other: _____

(Please list the fund, department, or program. Foundation fund must already exist.)

Signature: _____ **Date:** _____**RETURN COMPLETED FORM BY:**Emailing your form to ucrgifts@ucr.edu OR mailing your form to **Advancement Services, Gift Administration, University Village Suite 201** via interoffice mail. For assistance, please email Tami Richardson, tami.richardson@ucr.edu