Clear Form

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Print Form

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

**FACULTY–STAFF**
**PAYROLL DEDUCTION**
**GIFT AUTHORIZATION (UFF-R)**
**SUBMIT TO:**
GIFT PROCESSING SERVICES OF
UF FOUNDATION RECORDS DEPARTMENT
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): _____

Univ. of Florida I.D. #: _____-_____

Home Address: _____

City, State, Zip: _____

Employed By: ( ) Univ. of FL * ( ) UF Foundation

Work Address: _____

_____
Signature Date

Amount of biweekly pay period deduction: $ **20.84**

**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): UFF8121-Curators Society

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

**NOTE: 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.**

The following is to be completed by UF Foundation:

UF ID: ____ ____ ____ ____ - ____ ____ ____ ____

Advance ID: ____ ____ ____ - ____ ____ ____ - ____

F: ___ ___ ___ ___ ___ ___

N: _____

D: $_____ ._____

CC: _____ _____