

UNIVERSITY OF FLORIDA FOUNDATION, INC.
2012 W. UNIVERSITY AVENUE
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: \$ _____

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: 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: _____