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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 or Shands I.D. #: _____

Home Address: _____

City, State, Zip: _____

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

Work Address: _____

Signature _____ Date _____
(mm/dd/yyyy)

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: _____

F: _____

N: _____

D: $ _____

CC: _____