

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

**Faculty-Staff  
PAYROLL DEDUCTION  
UF Alumni Association Membership**  
Submit To:  
UF Foundation Gift Processing  
392-9876

Name: \_\_\_\_\_ Second Member Name: \_\_\_\_\_  
UF or Shands ID #: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Employed By: Univ. of Florida      UF Foundation      Shands  
                  9 month      or      12 month (UF employee)  
Work Address: \_\_\_\_\_

**Annual Membership** (009480)

I understand that this biweekly pay period deduction will continue until I notify the Foundation, in writing, of my desire to cancel this deduction.

**Individual Annual Options**

\$1.67 For 12 month employees  
\$2.23 For 9 month employees

**Joint Annual Options**

\$2.09 For 12 month employees  
\$2.78 For 9 month employees

**Life Membership** (004463)

I authorize a continuous, biweekly pay period payroll deduction in the amount shown below to be applied towards my University of Florida Alumni Association membership.

**Individual Life Options**

\$33.34 Completed in 1 year for 12 month employees  
\$44.45 Completed in 1 year for 9 month employees  
  
\$17.71 Over 2 year for 12 month employees  
\$23.62 Over 2 years for 9 month employees  
  
\$11.81 Over 3 year for 12 month employees  
\$15.75 Over 3 years for 9 month employees

**Joint Life Options**

\$41.67 Completed in 1 year for 12 month employees  
\$55.56 Completed in 1 year for 9 month employees  
  
\$22.92 Over 2 year for 12 month employees  
\$30.56 Over 2 years for 9 month employees  
  
\$15.28 Over 3 year for 12 month employees  
\$20.38 Over 3 years for 9 month employees

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following is to be completed by UF Foundation:

UF or Shands ID: \_\_\_\_\_ Advance ID: \_\_\_\_\_  
N: \_\_\_\_\_ Appeal Code: \_\_\_\_\_  
D: \_\_\_\_\_

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