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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/Shands ID #: _____

Home Address: _____

City, State, Zip: _____

Work Address (include Building Name, P.O. Box & Zip):

_____

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

Preferred Phone: _____

Preferred E-Mail: _____

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: _____

Fund: _____

Name: _____

Dollar Amount: $ _____