

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 deduction: \$ _____	Individual	\$2.09
	Dual	\$3.13
	Associate	\$5.21
	Fellow	\$10.42
	Patron	\$20.84
	Sustainer	\$41.67
	Benefactor	\$104.17

Please use my gift for: _____ a restricted Purpose: Harn Museum of Art
Harn Alliance Membership

***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.

FOR OFFICE USE ONLY

UF ID: _____ - _____

ADVANCE ID: _____ - _____ - _____

F: _____

N: _____

D: \$__ - __

CC: ____