

UC Riverside Employee Giving Form

WE ARE

NAME: _____ EMPLOYEE ID#: _____

Located on your timesheet.

DEPARTMENT: _____

Return completed form to:

Advancement Services, Gift Administration, 1136 Hinderaker Hall via interoffice mail.

Payroll Deduction Authorization

I want to support our campus through the UC Riverside Foundation. I understand my Payroll Deduction will remain in effect until employment termination or until cancelled by me in writing.

My monthly contribution is:

\$ _____ On-going monthly payroll deduction.

(Note: Employees paid biweekly will see one-half of the monthly amount deducted 24 times a year. There will not be a deduction on two biweekly pay checks in a year).

\$ _____ Monthly payroll deduction until my pledge of \$ _____ is fulfilled

If you currently have a payroll deduction, please check one:

_____ This form replaces current deduction

_____ This form is in addition to current deduction

This deduction is effective in the pay period following receipt of the form in the UC Riverside Foundation Office. (Subject to Payroll Office cut-offs).

One Time Gift

\$ _____ Gift Amount

Please enclose a check or give online at www.ucr.edu/giving.

USE CODE: 17EMPLOYEE

Referred by: _____

Gifts can be split between multiple designations per employee's direction.

For assistance, call Gift Administration at 951-827-3486.

For a complete list of available designations, visit: www.ucr.edu/giving

Gift Designation

_____ The Living the Promise Fund

_____ Scholarship Assistance

_____ Staff Assembly/Society 54

_____ Other: _____
(Fund, department or program of your choice)

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

TRAN code	Entry Date	Elem No.	Deduction Amount	Elem No.	Goal Amount
X1		6071G		XXXXXXXXXX	XXXXXXXXXX
X1		6072G		6072D	

_____ Foundation Accounting

_____ Payroll Office