

**EMPLOYEE INFORMATION**

**Name:** \_\_\_\_\_ **Employee ID#:** \_\_\_\_\_  
(required – can be found on your timesheet)

**Department:** \_\_\_\_\_

**PAYROLL DEDUCTION AUTHORIZATION**

**My monthly contribution is:**

\$ \_\_\_\_\_ On-going monthly payroll deduction (suggested minimum amount of \$5.00).

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.

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 canceled by me in writing.

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

- This form replaces current deduction
- This form is in addition to current deduction
- I wish to cancel my payroll deduction to the UC Riverside Foundation

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.

**GIFT DESIGNATION**

Gifts can be split between multiple designations per employee’s direction. For a complete list of available designations, visit: [givenow.ucr.edu](http://givenow.ucr.edu)

\_\_\_\_\_ The Living the Promise Fund

\_\_\_\_\_ Scholarship Assistance

\_\_\_\_\_ Staff Assembly/Society 54

\_\_\_\_\_ Other: \_\_\_\_\_

(Please list the fund, department, or program. Foundation fund must already exist.)

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

**Return completed form to:** Advancement Services, Gift Administration, University Village Suite 201 via interoffice mail. **For assistance, call Tami Richardson (951) 827-6467**