Clear Form Please use the "Print Form" button on this form to print this form. Print Form

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: $_____