

## Commitment is a big part of what it means to be a Gator.

Your gift represents your commitment to the promise that UF holds. Please use this form to support the things that are most important to you at the University of Florida.

### PAYROLL DEDUCTION GUIDE ANNUAL GIFT BREAKDOWN BY PAY PERIOD

9 MONTHS   16 PAY PERIODS		12 MONTHS   24 PAY PERIODS		12 MONTHS   26 PAY PERIODS	
DEDUCTION	ANNUAL GIFT AMT	DEDUCTION	ANNUAL GIFT AMT	DEDUCTION	ANNUAL GIFT AMT
\$3.13	\$50	\$2.08	\$50	\$1.92	\$50
\$6.25	\$100	\$4.17	\$100	\$3.85	\$100
\$15.63	\$250	\$10.42	\$250	\$9.62	\$250
\$31.25	\$500	\$20.83	\$500	\$19.23	\$500
\$62.50	\$1000	\$41.67	\$1000	\$38.46	\$1000

### Your Information

Name: \_\_\_\_\_ UF ID: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Department: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Work Address (include Building Name, P.O. Box & Zip): \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Designation(s)

**I'D LIKE TO SUPPORT** *You may check more than one, split evenly unless noted.*

- ☐ College of Education Strategic Fund - F000321      ☐ School of Teaching and Learning - F005085  
☐ School of Special Education, School Psychology & Early Childhood Studies Support Fund - F024537      ☐ School of Human Development & Organizational Studies Support Fund - F024551  
☐ College of Education Alumni Endowment - F008531      ☐ Other: \_\_\_\_\_

### Payroll Deduction

**Note:** State OPS employees are not eligible for payroll deductions.

Amount of biweekly pay period deduction: \$ \_\_\_\_\_

Please designate your employer:

- ☐ Univ. of Florida    ☐ UF Foundation    ☐ Shands — ☐ 9 Month    or    ☐ 12 month (UF employee)

This gift, made through payroll deduction, is to be anonymous:      ☐ NO      ☐ YES

**I authorize a continuous, biweekly pay period payroll deduction in the amount shown above 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.**

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

### Return Form To:

College of Education Advancement, Suite 2006    **OR**    University of Florida Foundation, Inc., Attn: Gift Processing  
 Email to [loganbard@ufl.edu](mailto:loganbard@ufl.edu)    PO Box 14425, Gainesville, FL 32604-2425

### Questions?

Call 352-273-4149 or email [loganbard@ufl.edu](mailto:loganbard@ufl.edu)