UCR School of Medicine Employee Giving Form

NAME: ___________________________________________ EMPLOYEE ID#: ______________________

DEPARTMENT: ____________________________________________________________

Return completed form to:
School of Medicine Advancement, SOM Education Building 2672.

Payroll Deduction Authorization

I want to support the UCR School of Medicine through the UC Riverside Foundation.
My monthly contribution is:

$___________ Monthly payroll deduction until my pledge of $ ________ is fulfilled

$___________ On-going monthly payroll deduction.

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).

* I understand my Payroll Deduction will remain in effect until employment termination or until cancelled by me in writing.

* 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)

One Time Gift

$__________ Gift Amount

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

USE CODE: 17Campaign-SOM

Gift Designation

_____ School of Medicine Pioneer Fund

_____ Medical School Scholarship Fund

_____ School of Medicine Research

_____ Other: ________________________________________________________________

(Fund, department or program of your choice)

SIGNATURE: ___________________________ DATE: ____________________________

OFFICE USE ONLY

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<tr>
<th>TRAN code</th>
<th>Entry Date</th>
<th>Elem No.</th>
<th>Deduction Amount</th>
<th>Elem No.</th>
<th>Goal Amount</th>
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<td>XXXXXXXXXX</td>
<td>6072D</td>
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_____ Foundation Accounting

_____ Payroll Office