

UCR School of Medicine Employee Giving Form

WE ARE LIVING THE PROMISE

NAME: _____ EMPLOYEE ID#: _____

Located on your timesheet.

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

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

For assistance, call Nicole Weaver-Goller at 951-827-4588

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

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

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

_____ Foundation Accounting

_____ Payroll Office