

UC RIVERSIDE SCHOOL OF MEDICINE EMPLOYEE GIVING FORM

We are Mission Makers

NAME: _____

EMPLOYEE ID#: _____ DEPARTMENT: _____

PAYROLL DEDUCTION AUTHORIZATION

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

\$ _____ Ongoing monthly payroll deduction.

\$ _____ Monthly payroll deduction until my total pledge of \$ _____ is fulfilled

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

- This form replaces my current deduction.
 This form is in addition to my current deduction.

**This form is effective in the pay period immediately following receipt of the form in the UC Riverside Foundation Office (subject to Payroll Office cutoffs).*

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

****Employees paid biweekly will see half of the monthly amount deducted 24 times a year. There will not be a deduction on two biweekly paychecks in a year.*

ONE-TIME GIFT

\$ _____

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

*For assistance, call
Andrea Ortiz at
(951) 827-2767*

GIFT DESIGNATION

For a complete list of designations, visit MEDSCHOOL.UCR.EDU/GIVING

- School of Medicine Pioneer Fund (unrestricted) Celebration of Medical Education Gala
 Medical School Scholarship Fund (student support) Infrastructure support
 Research (faculty and research support) Other: _____
(fund, department, or program of your choice)

SIGNATURE: _____ DATE: _____

Please return this completed form to andrea.ortiz@medsch.ucr.edu

OFFICE USE ONLY

TRAN Code	Entry Date	Elem No.	Deduction Amt.	Elem No.	Goal Amt.
X1		6071G		XXXXXXXXXX	XXXXXXXXXX
X1		6072G		6072D	

FOUNDATION ACCOUNTING _____ PAYROLL OFFICE _____

FUND #200863 FUND #200863B