UCR School of Medicine Employee Giving Form

WE ARE MISSION MAKERS

NAME:_____ EMPLOYEE ID#: _____
Located on your timesheet.

DEPARTMENT:_____

Return completed form to
School of Medicine Development, 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:

$_____ On-going monthly payroll deduction.

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

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 untl 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 paychecks in a year.

One Time Gift

$_____ Gift Amount

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

USE CODE: 18Campaign-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 (unrestricted)
_____ Medical School Scholarship Fund (student support)
_____ School of Medicine Research (faculty and research support)
_____ Infrastructure support
_____ Other: _____ _____
(Fund, department or program of your choice)

SIGNATURE:_____ DATE:_____