UCR School of Medicine Employee Giving Form
WE ARE MISSION MAKERS

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 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 paychecks in a year.

One Time Gift

$__________ Gift Amount

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

USE CODE: 20SOMPD

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: ___________________________

OFFICE USE ONLY

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<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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_____ Foundation Accounting  _____ Payroll Office