

# University of Alaska Fairbanks Employee Contribution Form

THANK YOU FOR YOUR SUPPORT!



Last Name \_\_\_\_\_ First / M.I. \_\_\_\_\_  
 Employee ID \_\_\_\_\_ Email \_\_\_\_\_  
 Department \_\_\_\_\_ Campus UAF  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**Please choose ONE of the following:**

- I am making a **pledge of a one time** gift of \$ \_\_\_\_\_.
- OR**
- I **pledge** to give a total of \$ \_\_\_\_\_ with the following payment schedule:  
 Per Pay Period through (month/year) \_\_\_\_/\_\_\_\_  
 Monthly through (month / year) \_\_\_\_/\_\_\_\_  
 Quarterly through (month / year) \_\_\_\_/\_\_\_\_  
 Annually through (month / year) \_\_\_\_/\_\_\_\_
- OR**
- I am making an **ongoing** regular gift of \$ \_\_\_\_\_ per pay period/month / quarter / year (circle one) until further notice.

**Please choose payment type below:**

<input type="checkbox"/> <b>Check:</b> Attached is my check for \$ _____.  <b><i>Make Check payable to:</i></b> <b>University of Alaska Foundation</b>	<input type="checkbox"/> <b>Payroll Deduction: *</b> <input type="checkbox"/> <b>NEW Deduction</b> <input type="checkbox"/> <b>Replacement for EXISTING Deduction</b> <input type="checkbox"/> <b>ADDITIONAL Deduction</b> <input type="checkbox"/> <b>Deduction CANCELLATION</b> I authorize a payroll deduction of \$ _____ per pay period Goal Amount \$ _____ (same as gift/pledge above) Employment contract term: <input type="checkbox"/> 9, 10, 11 month or <input type="checkbox"/> 12 month  <b>* Minimum payroll deduction is \$10 bi-weekly per fund with an Annual Goal Minimum of \$100.</b>
<input type="checkbox"/> <b>Charge my credit card:</b> MC or Visa card # _____ Expiration date __/__ V-code __ __ (3 digit code on back of card) Amount: \$ _____ Frequency: _____ Name on card: _____ Goal Amount: \$ _____ (same as gift/pledge above)	<input type="checkbox"/> <b>Electronic Funds Transfer (EFT):</b> I authorize the University of Alaska Foundation to charge my bank account for a gift of \$ _____ per month (\$25 minimum), for a total of \$ _____ on the ( <u>check one</u> ) <input type="checkbox"/> 1 <sup>st</sup> or <input type="checkbox"/> 15 <sup>th</sup> of each month. <b>I have attached a voided check that contains my account information.</b>

Please notify me prior to the processing of this gift.

**My gift is for (check one)**

- Area of greatest need at UAF  
 KUAC  
 UA Museum of the North  
 Georgeson Botanical Garden  
 UAF Athletics  
 Other \_\_\_\_\_

<b>Payroll deduction makes giving easy!</b>			
See how your gifts add up:			
<b>Gift/Pay Period</b>	<b>12 months (26 periods)</b>	<b>9 months (19 periods)</b>	
\$10	\$260	\$190	
\$25	\$650	\$475	
\$39	\$1014	\$741	

(specify college/school, scholarship or program)

***Payroll Deduction, Credit Card or EFT authorization:***

I authorize the University of Alaska Fairbanks/University of Alaska Foundation to make appropriate deductions for the options that I have selected/listed above.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Return form to:** UAF Advancement Services/Development Office, Box 757530, 4001 Geist Road., Ste 6.  
 Questions? Please contact **Annual Giving at 474-2601.**

Donors will be listed in the annual report and other publications unless they wish to remain anonymous. If you wish to remain anonymous, please check here.

Office Use Only  
 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_ Effective Pay Period Begin Date: \_\_\_\_\_  
 Foundation Account#: \_\_\_\_\_ Effective Pay Period End Date: \_\_\_\_\_ Deduction Code: \_\_\_\_\_  
 Appeal: UAF AG FY10-1 Campaign: \_\_\_\_\_ Membership: \_\_\_\_\_