

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:

Check:
Attached is my check for \$ _____.

Make Check payable to:
University of Alaska Foundation

Payroll Deduction: *

NEW Deduction **Replacement for EXISTING Deduction**

ADDITIONAL Deduction **Deduction CANCELLATION**

I authorize a payroll deduction of \$ _____ per pay period

Goal Amount \$ _____ (same as gift/pledge above)

Employment contract term: 9, 10, 11 month or 12 month

*** Minimum payroll deduction is \$10 bi-weekly per fund with an Annual Goal Minimum of \$100.**

Charge my credit card:
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)

Electronic Funds Transfer (EFT):
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 (check one) 1st or 15th of each month. **I have attached a voided check that contains my account information.**

Please notify me prior to the processing of this gift.

My gift is for (check one)

- Area of greatest need at UAF
- KUAC TV FM Unrestricted
- UA Museum of the North
- Georgeson Botanical Garden
- UAF Athletics
- Other _____ (specify college/school, scholarship or program)

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

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: _____