

I BELIEVE IN UF



Commitment is a big part of what it means to be a Gator. Your gift represents your commitment to the promise that UF holds. Please use this form to support the things that are most important to you at the University of Florida: academic research, classroom instruction, student scholarships and more.

► Your Information

Name: _____

UF ID: _____

Job Title: _____

Department: _____

Home Address: _____

City, State, ZIP: _____

Phone: _____

E-mail: _____

► Designation(s)

I'D LIKE TO SUPPORT *You may check more than one, split evenly unless noted.*

- College/Unit: Harn Museum of Art Annual Appeal Fund (16131)
- Florida Opportunity Scholars (012979)
- Other: _____
- My gift is to be anonymous.**

► Payment Options

1. Check payable to UF Foundation, Inc. Amount \$ _____

2. Credit card payment Amount \$ _____

*Please use the back of this form to set up recurring payments on your credit card. You may also make a one-time gift or set up recurring payments by calling 352-392-8091 or toll-free 877-351-2377. *Please do not e-mail this form if making a gift by credit card.*

Check one: Visa MasterCard American Express Discover

Card Number: _____ Exp. Date: ____/____

Name as it Appears on Card: _____

Billing Address: _____

City, State, ZIP: _____

PAYROLL DEDUCTION GUIDE

ANNUAL GIFT BREAKDOWN BY PAY PERIOD

9 MONTHS 16 PAY PERIODS	12 MONTHS 24 PAY PERIODS	12 MONTHS 26 PAY PERIODS			
DEDUCTION	ANNUAL GIFT AMT	DEDUCTION	ANNUAL GIFT AMT	DEDUCTION	ANNUAL GIFT AMT
\$3.13	\$50	\$2.08	\$50	\$1.92	\$50
\$6.25	\$100	\$4.17	\$100	\$3.85	\$100
\$15.63	\$250	\$10.42	\$250	\$9.62	\$250
\$31.25	\$500	\$20.83	\$500	\$19.23	\$500
\$62.50	\$1,000	\$41.67	\$1,000	\$38.46	\$1,000

3. Payroll Deduction

Note: State OPS and UAA employees are not eligible for payroll deduction. Please use the check or credit card options instead.

Deduction per pay period \$ _____ *Please see the payroll deduction guide above for the easiest way to make the biggest impact.*

- This is in addition to my existing payroll deduction.
- This replaces my existing payroll deduction.

Please designate your employer:

- UF**
 - 9 mo. (16 pay periods)
 - 12 mo. (24 pay periods)
- UF Foundation**
 - 12 mo. (24 pay periods)
- Shands**
 - 12 mo. (26 pay periods)

I understand that this deduction will continue until I notify the UF Foundation, Inc. in writing, of my desire to cancel this deduction.

Signature: _____ Date: _____

► Return Form To:

University of Florida Foundation, Inc., Attn: Gift Processing
PO Box 14425, Gainesville, FL 32604-2425

► Questions?

Call 800-279-6796 or email annualgiving@uff.ufl.edu

Appeal Code: G1D10

RECURRING PAYMENTS

Yes, I would like to support the University of Florida through recurring credit card payments. Please see the recurring payment guide at right for easy ways to make a big impact.

► Duration of Charges (check one)

- For _____ year(s)
- Until I meet my Gift Pledge total of \$ _____
- Until I notify the Foundation to stop my charge

► Amount of Each Charge

- \$ _____ (Minimum of \$10.00 per charge)
- First charge to be made when this form is received by the Foundation, **or**
 - Charges to commence on: _____ (date must be within 30 days)

► Charge my Card *Please do not e-mail this form if making a gift by credit card

Check one: Monthly Quarterly Semi-annually Annually
Check one: Visa MasterCard American Express Discover
Card Number: _____ Exp. Date: _____ / _____
Name as it Appears on Card: _____
Billing Address: _____
City, State, ZIP: _____

By signing, you are authorizing the University of Florida Foundation, Inc. to charge your credit card on a recurring basis as noted on this entry form. We will charge your account based on the schedule noted above unless you revoke this authorization by contacting us and instructing us to terminate the authorization.

Signature: _____ Date: _____

► Please Send This Form To:

University of Florida Foundation, Inc.
Attn: Gift Processing
PO Box 14425
Gainesville, FL 32604-2425

For your security and protection, please do not fax or e-mail this form.

To make any changes to your recurring authorization, including changes to your credit card account or expiration date, or if you have questions regarding the recurring charges, please contact Gift Processing at the address above, call at 352-392-9876 or email at records@uff.ufl.edu. Please do not include credit card information in your email.

RECURRING PAYMENT GUIDE

ANNUAL GIFT BREAKDOWN

ANNUAL GIFT AMOUNT	MONTHLY DEDUCTION	QUARTERLY DEDUCTION	SEMI-ANNUAL DEDUCTION
\$250	\$20.83	\$62.50	\$125.00
\$500	\$41.66	\$125.00	\$250.00
\$1,000	\$83.33	\$250.00	\$500.00
\$1,500	\$125.00	\$375.00	\$750.00
\$2,500	\$208.33	\$625.00	\$1,250.00

**I
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UF | UNIVERSITY of FLORIDA