

Payroll Deduction Authorization Form

Please complete this form if you are making a gift via payroll deduction to the University of Virginia.

Please fill in the form completely. If you are already making a gift by payroll deduction to the University of Virginia, please return this form with that information.

This information will be processed by Gift Accounting and Payroll. Please submit the forms as early in the month as possible to facilitate gift withholding by the end of the same month. If you have questions about the payroll deduction process, please call Michael Lutz, Director of Gift Accounting, at 924-6027.

Name *(please print)*

UVA Employee ID Number
(or last 4 digits of Social Security Number)

Work Telephone

Home Address

City, State, Zip

Home Telephone

I hereby pledge to the University of Virginia or an affiliated foundation the sum of \$_____.

This gift is designated for:

This gift will be paid in the following manner:

\$_____ amount pledged each pay period to be paid through payroll

deduction beginning _____ and ending _____ *(dates)*.

Please check all that apply:

- I am a Faculty Member.
- I am a Staff Member.
- I am paid semi-monthly.
- I am paid bi-weekly.
- I am paid over nine months.
- I am paid over 12 months.
- I am currently making a payroll deduction gift, which is designated for _____ *(school or area)*.

This deduction is in addition to or will replace my current deduction.

Please check all that apply:

In donor honor rolls, publications and other recognition pieces:

- I agree that both my name and amount of my gift may be recognized.
- I agree that my name may be recognized, but prefer that the size of my gift not be published.
- I wish my gift to be recognized as follows:

Name(s) *(please print)*

- I prefer that my gift remain anonymous.
- I wish my gift to be credited jointly with my spouse.

Spouse's name

- My spouse is a University or Medial Center employee.

Spouse's school, department or area

- My spouse is an alumna(us). _____
Spouse's school and year

- I am an alumna(us). _____
School and year

Signature

Date

Spouse's signature (if joint gift)

Date

Please send this form to:

MESSENGER MAIL

Michael E. Lutz
Director of Gift Accounting
Office of Development and Public Affairs
PO Box 400807

U.S. MAIL

Michael E. Lutz
Director of Gift Accounting
Office of Development and Public Affairs
PO Box 400807
Charlottesville, VA 22904-4807