



## 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 indicate below:

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

I am currently making a payroll deduction gift, which is designated for \_\_\_\_\_ (school or area).

Gifts made through payroll deduction 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 the Gift Accounting Office at (434)243-0631.

**Please check all that apply:**

I am a University academic (agency 207) employee.

I am a Medical Center (agency 209) employee.

I am a Faculty Member.

I am paid monthly.

I am paid over 9 months.

I am a Staff Member.

I am paid bi-weekly.

I am paid over 12 months.

I am an alumna(us). \_\_\_\_\_  
School and year

\_\_\_\_\_  
Name (please print) Employee Payroll Number UVA computing I.D.

\_\_\_\_\_  
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:**

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- I agree that my name may be recognized, but prefer that the size of my gift not be published.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 Medical Center employee.

\_\_\_\_\_  
Spouse's school, department or area

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's signature (if joint gift)

\_\_\_\_\_  
Date

Please send this form to:

MESSENGER MAIL

Office of Development and Public Affairs  
Attn: Gift Accounting  
PO Box 400807  
giftacct@virginia.edu

U.S. MAIL

Office of Development and Public Affairs  
Attn: Gift Accounting  
PO Box 400807  
Charlottesville, VA 22904-4807