

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO PAYROLL DEDUCTION FORM

I enclose a gift in the amount of \$ _____
Please make checks payable to UCSF FOUNDATION.

I would like to pledge \$ _____, to be paid over _____ years.
Please bill me quarterly annually.

Payroll Deduction Option
I prefer to pledge a total of \$ _____, payable through
payroll deduction at \$ _____ per month.

Indicate purpose or fund allocation for gift or pledge:

Employee Signature Authorizing
Payroll Deduction _____ Date _____

Email Address _____ Phone _____

PLEASE LIST MY NAME IN THE HONOR ROLL OF DONORS AS FOLLOWS:

PLEASE SEND COMPLETED FORM TO:

UNIVERSITY OF CALIFORNIA, SAN FRANCISCO
BOX 0248
SAN FRANCISCO, CA 94143
ATTN: GIFT ADMINISTRATION
415/476-3952

THANK YOU FOR YOUR SUPPORT

THIS AGREEMENT SHALL REMAIN IN EFFECT UNTIL REVOKED BY ME, ALLOWING UP TO 30 DAYS' TIME TO CHANGE THE PAYROLL RECORDS IN ORDER TO MAKE EFFECTIVE THIS ASSIGNMENT OR REVOCATION THEREOF. UPON TERMINATION OF EMPLOYMENT WITH THE UNIVERSITY, THIS AUTHORIZATION WILL NO LONGER BE IN EFFECT. PAYROLL DEDUCTIONS, INCLUDING THOSE LEGALLY REQUIRED AND THOSE AUTHORIZED BY AN EMPLOYEE ARE ASSIGNED PRIORITIES. IN THE EVENT THERE ARE INSUFFICIENT EARNINGS TO COVER ALL REQUIRED AND AUTHORIZED DEDUCTIONS, IT IS UNDERSTOOD THAT DEDUCTIONS WILL BE TAKEN IN THE ORDER ASSIGNED BY THE UNIVERSITY AND NO ADJUSTMENT WILL BE MADE IN THE SUBSEQUENT PAY PERIOD FOR AMOUNTS NOT DEDUCTED BY REASON OF INSUFFICIENT EARNINGS.

FOR ACCOUNTING USE ONLY

TRANS CODE	EMPLOYEE ID NO.	EFFECTIVE DATE	ELEMENT NO.	BAL CD	AMOUNT	ELEMENT NO.	BAL CD	AMOUNT
1 2	4 12	13 18	19 22	23	24 30	31 34	35	36 42
X1			6072	G		6072	G	