



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 Processing 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 Processing Services at (434) 924-7018.

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)

UVA Employee ID Number
(or last 4 digits of Social Security 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- I agree that my name may be recognized, but prefer that the size of my gift not be published.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

Gift Processing Services
PO Box 400331
uvagps@virginia.edu

U.S. MAIL

UVA Gift Processing Services
PO Box 400331
Charlottesville, VA 22904-4331