UCSD PAYROLL DEDUCTION AUTHORIZATION FORM

For faculty/staff members of the University of California, San Diego

Please print, complete and return this form to: UCSD, Gift Processing Department, Mail Code 0940 For more information call Sandra Stewart at x44493

EMPLOYEE:

Name	print – Last Fi	rst, Middle	Empl	oyee ID#	
	-	Code		hone	
$\overline{\text{City}, S}$	state, Zip		Email_		
My monthly payroll deduction and tax-deductible contribution will be:					
\$1	0 (\$120 total an	nual contribution)			
\$25 (\$300 total annual contribution)					
\$100 (\$1,200 total annual contribution)					
\$1	25 (\$1,500 total	annual contribution)		
\$	Monthly De	eduction Amount (\$	10 minimum)		
monthly earni Regents Fund	ngs and credit it	ting Office/Payroll I to UC San Diego Fo . (For a list of fund f ey word.)	oundation Fund #	or UC	San Diego
	eduction should nate it.	begin effective with	the month/year	, and	d continue until I
	or				
Begin	date:		End Date:		
			Date		
Loc	ccounting Use C Emp#		Deduction	Period	End Date
	*		Amt. Code	Start Date	

This authorization can be adjusted or canceled anytime upon your request.

UCSD maintains charitable giving information on its donors on a database maintained in the Division of External Relations. Limited personnel at UCSD have access to the database and use the data in the regular course of their business at UCSD. The information in the database will not be disseminated to any others except if required by law. You have the right to review your giving record. Inquiries should be forwarded to the Director, Information Technology and Financial Systems, External Relations, UCSD 9500 Gilman Drive, La Jolla, California 92093-0940.