



# PAYROLL DEDUCTION GIFT FORM

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## PAYROLL DEDUCTION

I authorize the payroll office at the University of Vermont or at UVM Foundation to deduct:

- \$ \_\_\_\_\_ per pay period until a total commitment of \$ \_\_\_\_\_ is reached
- \$ \_\_\_\_\_ per pay period until I provide instruction to stop this payroll deduction
- \$ \_\_\_\_\_ per pay period until the following date \_\_\_\_/\_\_\_\_/\_\_\_\_\_

I am paid: \_\_\_\_ semi-monthly (15th/30th) \_\_\_\_ bi-weekly \_\_\_\_ other: \_\_\_\_\_

## GIFT DESIGNATION

- Unrestricted and may be used where the need is greatest at The University of Vermont.
- Restricted for this specific fund name/purpose: \_\_\_\_\_
- To create a new ENDOWMENT fund (name, purpose): \_\_\_\_\_
- To create a new CURRENT USE ONLY fund (name, purpose): \_\_\_\_\_

## ADDITIONAL REQUESTS

- I/We may be listed in donor recognition pieces as: \_\_\_\_\_
- Other: \_\_\_\_\_

## DONOR CONTACT INFORMATION

Name _____	Spouse / Partner's Name _____
Class Yr(s). _____	Class Yr(s). _____
E-mail _____	E-mail _____
Address _____	Address _____
City/State/ZIP _____	City/State/ZIP _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Employer Name _____	Employer Name _____
Business Title _____	Business Title _____
Business Address _____	Business Address _____
Business City/State/Zip _____	Business City/State/Zip _____
Business Phone _____	Business Phone _____

**STAFF USE ONLY**  
Revised 9/17/2019

**EMPLOYEE SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

*Your gift is administered based on your intentions as well as policies approved by the Board of Directors of UVM Foundation. Visit [uvmfoundation.org](http://uvmfoundation.org) to view statements related to donor rights and privacy; gift, endowment and fee policies; board bylaws and meeting minutes; audited financial statements; IRS forms and documents; and FAQs.*