

## PAYROLL DEDUCTION GIFT FORM

Name \_\_\_\_\_

ID/UFID # \_\_\_\_\_

Department \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

E-mail \_\_\_\_\_

*My gift is to be anonymous.*

### I'D LIKE TO SUPPORT

*(You may check more than one, split evenly unless noted. Please use the reverse side if you need more space.)*

Center for African Studies (01823)

CAS Alumni and Faculty Pre-Dissertation Travel Award (13799)

Other \_\_\_\_\_

### PAYROLL DEDUCTION

*Note: State OPS employees are not eligible for payroll deductions.*

Payroll Deduction of \$ \_\_\_\_\_ per pay period

*Please see the payroll deduction guide (right) for the easiest way to make the biggest impact.*

9 months (16 pay periods)

12 months (24 pay periods)

Signature \_\_\_\_\_

## PAYROLL DEDUCTION GUIDE

### PER PAY PERIOD, IT'S ONLY

### FOR A GIFT OF

*12 months | 24 pay periods*

\$2.08 .....	\$50
\$4.17 .....	\$100
\$10.42 .....	\$250
\$20.83 .....	\$500
\$41.67 .....	\$1000

*9 months | 16 pay periods*

\$3.13 .....	\$50
\$6.25 .....	\$100
\$15.63 .....	\$250
\$31.25 .....	\$500
\$62.50 .....	\$1000

Complete, sign, and mail to:

UF CLAS Office of Development  
ATTN: Christy Popwell  
PO Box 14425  
Gainesville, FL 32604

*Thank you for your generosity!*