



Commitment is a big part of what it means to be a part of the One Wave, One Family community.
Please use this form to support the things that are most important to you at the P.K. Yonge.

PAYROLL DEDUCTION GUIDE
ANNUAL GIFT BREAKDOWN BY PAY PERIOD

9 MONTHS 16 PAY PERIODS		12 MONTHS 24 PAY PERIODS		12 MONTHS 26 PAY PERIODS	
DEDUCTION	ANNUAL GIFT AMT	DEDUCTION	ANNUAL GIFT AMT	DEDUCTION	ANNUAL GIFT AMT
\$3.13	\$50	\$2.08	\$50	\$1.92	\$50
\$6.25	\$100	\$4.17	\$100	\$3.85	\$100
\$15.63	\$250	\$10.42	\$250	\$9.62	\$250
\$31.25	\$500	\$20.83	\$500	\$19.23	\$500
\$62.50	\$1000	\$41.67	\$1000	\$38.46	\$1000

Your Information

Name: _____ UF ID: _____
 Job Title: _____ Department: _____
 Home Address: _____ City, State, Zip: _____
 Work Address (include Building Name, P.O. Box & Zip): _____
 Phone: _____ E-mail: _____

Designation(s)

I'D LIKE TO SUPPORT *You may check more than one, split evenly unless noted.*

- P.K. Yonge General Support Fund - F000681
- Blue Wave Athletics Opportunity Fund - F029403
- Blue Wave Opportunity Endowment - F018591
- Other: _____

Payroll Deduction

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

Amount of biweekly pay period deduction: \$ _____

Please designate your employer:

- Univ. of Florida
- UF Foundation
- Shands
- 9 Month
- or
- 12 month (UF employee)

This gift, made through payroll deduction, is to be anonymous: NO YES

I authorize a continuous, biweekly pay period payroll deduction in the amount shown above to be deposited within the University of Florida Foundation, Inc.

I understand that this deduction will continue until I notify the Foundation, in writing, of my desire to cancel this deduction.

Signature: _____ Date: _____

Return Form To:

College of Education Advancement, Suite 2006 **OR** University of Florida Foundation, Inc., Attn: Gift Processing
 Email to development@coe.ufl.edu PO Box 14425, Gainesville, FL 32604-2425

Questions?

Call 352-273-4149 or email development@coe.ufl.edu