Please use this form to support the wonderful things underway at P.K. Yonge

PAYROLL DEDUCTION GUIDE

ANNUAL GIFT BREAKDOWN BY PAY PERIOD

9 MONTHS / 16 PAY PERIODS		10 MONTHS / 21.8 PAY PERIODS		12 MONTHS / 24 PAY PERIODS		12 MONTHS / 26 PAY PERIODS	
DEDUCTION	ANNUAL AMT	DEDUCTION	ANNUAL AMT	DEDUCTION	ANNUAL AMT	DEDUCTION	ANNUAL AMT
$3.13	$50	$2.29	$50	$2.08	$50	$1.92	$50
$6.25	$100	$4.59	$100	$4.17	$100	$3.85	$100
$15.63	$250	$11.47	$250	$10.42	$250	$9.62	$250
$31.25	$500	$22.94	$500	$20.83	$500	$19.23	$500
$62.50	$1000	$45.87	$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 ◯ 10 Month or ◯ 12 month

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:

PKY Main Office **OR** University of Florida Foundation, Inc., Attn: Gift Processing
PO Box 14425, Gainesville, FL 32604-2425

Questions?

Call 352-294-7490 or email eeubanks@pky.ufl.edu