

Faculty and Staff Payroll Deduction



Gift Amount

Indicate the total amount of your gift and the amount per pay period below:

SAMPLE PLEDGES AND DEDUCTIONS	
Annual Contribution	Deduction Per Pay Period (Bi-weekly, 26 pay periods)
\$260	\$10.00
\$500	\$19.23
\$1,000	\$38.46
\$2,500	\$96.15
\$5,000	\$192.31
\$10,000	\$384.62
\$25,000	\$961.54

Gift Designation(s)

Department, Institute, Scholarship, Special Program or Specific Fund #

	Amount deducted per pay period	<input type="checkbox"/> Total goal amount OR <input type="checkbox"/> Ongoing
1. _____	\$ _____	
2. _____	\$ _____	

To cancel or change your deduction, please notify UMF at 612-624-3333

Special instructions regarding this gift

Employee Information PLEASE PRINT

Dr./Mr./Mrs./Ms. _____

Employee ID No. _____ (Required)

Street Address (Home) _____

Phone # (Work) _____

City, State, Zip Code _____

This gift should also be credited to my spouse/partner:

Phone # (Home) _____

Dr./Mr./Mrs./Ms. _____

Signature (Required) _____
Date

Return this completed form to:
 UNIVERSITY OF MINNESOTA FOUNDATION
 200 Oak Street SE, Suite 500
 Minneapolis, MN 55455-2010