

UNIVERSITY AT BUFFALO

Authorization for Payroll Deduction For a Gift to Support UB

I wish to pledge a gift in support of the University at Buffalo, through payroll deduction.

Name _____
(Please Print)

Title/Dept. _____

Address _____
(Home Business)

Phone: () _____ (Res.)

() _____ (Office)

City _____

State _____ Zip _____

Person Number # _____

I hereby authorize the Payroll Office of (State of New York-UB or UB Foundation or Research Foundation or FSA) to deduct :

\$ _____ biweekly _____ pay periods for total pledge of \$ _____
(\$1 minimum bi-weekly) (number)

OR

\$ _____ bi-weekly continuously until further notice
(\$1 minimum bi-weekly)

Date deduction to begin _____
(Subject to payroll processing deadlines)

This is a new pledge additional pledge, or change in an existing pledge

Gift purpose:

The area of greatest need (or)

(Signature of Employee)

(Date)

Return to:

Cindy Johannes
University at Buffalo Foundation
Office of University Development
Center for Tomorrow

Box 607400
Buffalo, New York 14260-7400
Telephone: (716) 645-3013
Fax: (716) 645-3475

Copies will be distributed to the UB Foundation Office of Gift and Pledge Processing and the designated Office of Payroll Deduction.