

# 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 \_\_\_\_\_ Title/Dept. \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ (Res.)  
( Home  Business)

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (Office)

City \_\_\_\_\_ Email: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Person Number \_\_\_\_\_

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

\$ \_\_\_\_\_ biweekly \_\_\_\_\_ pay periods for total pledge of \$ \_\_\_\_\_  
(\$5 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  change in an existing pledge

Gift purpose:

The area of greatest need

\_\_\_\_\_  
(Signature of Employee)

Other: \_\_\_\_\_

\_\_\_\_\_  
(Date)

Return via campus mail to:

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

Telephone: (716) 645-3011  
Fax: (716) 645-3475

We will distribute a copy to the designated Office of Payroll Deduction (e.g., State, UBF, RF, FSA)