# UCSF EMPLOYEE GIVING PROGRAM

Employee Name _____ Employee ID _____

UCSF Dept. _____ UCSF Email _____

- Enter the amount and type of gift: one-time donation, monthly pledge, or recurring payment.
- Select your payment method : personal check, credit card or payroll deduction.*

  *If using payroll deduction, please sign and date the authorization.*

- Mail your form to the below address.

  University of California, San Francisco
  P.O. Box 45339
  San Francisco, CA 94145-0339

- You can also give online at:  **makeagift.ucsf.edu/employee**

- If you have any questions, please email giving@ucsf.edu

**UCSF** The Campaign

## my gift

- ◯ UCSF's Greatest Needs (B0020)
- ◯ UCSF Benioff Children's Hospitals (B8002)
- ◯ Cancer (B0831)
- ◯ Global Health (B2640)
- ◯ Heart Disease (B3248)
- ◯ Medical Center/Hospitals (B2344)
- ◯ Neurosciences (B7583)
- ◯ Stem Cell and Regeneration Medicine (B2134)

**Health Sciences Education:**

- ◯ Discovery Fund (Graduate Division) (B3095)
- ◯ Graduate Division Priorities (B0099)

- ◯ School of Dentistry (B0064)
- ◯ School of Medicine (B0205)
- ◯ School of Nursing (B0730)
- ◯ School of Pharmacy (B0762)

- ◯ Other UCSF Program of your choice:

  _____

## giving options

◯ I authorize  **payroll deduction** for my gift:

  ◯ One-time gift $_____      ◯ Monthly payments of $ _____ for _____ months for a total gift of $_____
  ◯ Monthly recurring payments of $ _____

*Payroll Deduction Employee Signature Authorization* _____

Employee ID # _____Date _____

This agreement shall remain in effect until revoked by me, allowing up to 30 days' time to change the payroll records in order to make effective this assignment or revocation thereof. Upon termination of employment with the University, this authorization will no longer be in effect. Payroll deductions, including those legally required and those authorized by an employee are assigned priorities. In the event there are insufficient earnings to cover all required and authorized deductions,   it is understood that deductions will be taken in the order assigned by the University and no adjustment will be made in the subsequent pay period for amounts not deducted by reason of insufficient earnings. Employees paid bi-weeekly will have the monthly deduction amount divided between two bi-weekly paychecks. No deduction will be taken from a deduction holiday paycheck.

◯ Enclosed is my  **check payable to UCSF Foundation** $ _____

◯ Please charge my  **credit card.**  ◯ Visa  ◯ MasterCard  ◯ American Express  ◯ Discover

Card Number _____ Expiration Date _____

Cardholder Name _____

Billing Address _____

◯ I wish to remain anonymous.   ◯ List my name in UCSF publications as:  _____

If you would like to change your communication preferences, please contact:
Records Manager, UCSF Box 0248, San Francisco, CA 94143-0248, email giving@ucsf.edu or call (888) 804-4722

B0020   EGZWP