

University of Alaska Staff Contribution Form

THANK YOU FOR YOUR SUPPORT!



UNIVERSITY
of ALASKA
Many Traditions One Alaska

Last Name _____ First/M.I. _____
Employee ID _____ Email _____
Department _____ Time Keeping Location _____
Home Address _____ City _____ State _____ Zip _____
Work Phone _____ Home Phone _____

Please choose ONE of the following:

- I am making a one time gift of \$ _____.
- OR**
- I pledge/promise to give a total of \$ _____ with the following payment schedule:
Monthly through (month/year) ___/___
Quarterly through (month/year) ___/___
Annually through (month/year) ___/___
- OR**
- I am making an ongoing regular gift of \$ _____ per month/quarter/year (circle one) until further notice.

Please choose payment type below:

<input type="checkbox"/> Check: Attached is my check for \$ _____ payable to the University of Alaska Foundation.	<input type="checkbox"/> Payroll Deduction: * <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change <input type="checkbox"/> Ongoing I authorize a payroll deduction of \$ _____ per pay period Pay Period Begin Date (Month) _____ Goal Amount \$ _____ (same as gift/pledge above) Employment contract term: <input type="checkbox"/> 9, 10, 11 month or <input type="checkbox"/> 12 month * <i>Minimum payroll deduction is \$10 bi-weekly per fund with an Annual Goal Minimum of \$100.</i>
<input type="checkbox"/> Charge my credit card: MC or Visa card # _____ Expiration date ___/___ V-code ___ (3 digit code on back of card) Amount: \$ _____ Frequency: _____ Name on card: _____ Goal Amount: \$ _____ (same as gift/pledge above)	<input type="checkbox"/> Electronic Funds Transfer (EFT): I authorize the University of Alaska Foundation to charge my bank account for a gift of \$ _____ per month (\$25 minimum), for a total of \$ _____ on the (check one) <input type="checkbox"/> 1 st or <input type="checkbox"/> 15 th of each month. I have attached a voided check that contains my account information.

Payroll deduction, credit card or EFT authorization:
I authorize the University of Alaska/University of Alaska Foundation to make appropriate deductions for the options that I have selected/listed above.

Signature _____ Date _____

Please notify me prior to the processing of this gift.

Please use my gift (check one)		Recognition Levels	Minimum/Pay Period	Annual Gift
<input type="checkbox"/>	Where it is needed most	President's Associates	\$38.46	\$1,000 +
<input type="checkbox"/>	UAA	Jade Club	\$19.23	\$500-999
<input type="checkbox"/>	UAF	Forget-Me-Not Club	\$10.00*	\$250-499
<input type="checkbox"/>	UAS	University Club	\$10.00*	\$100-249
<input type="checkbox"/>	KUAC			
<input type="checkbox"/>	Campus Priority Projects:			
<input type="checkbox"/>	<input type="checkbox"/> UAF Fund 20602	<input type="checkbox"/> UAA Fund 20048	<input type="checkbox"/> UAS Fund 20173	
<input type="checkbox"/>	Other _____	(specify fund or scholarship - See www.alaska.edu/giving for a list of Foundation funds.)		

*Minimum payroll deduction is \$10 bi-weekly per fund with an Annual Goal Minimum of \$100. Please complete and submit to the SW Development Office, Box 755060 or Butrovich Bldg. Suite 206, Fairbanks, AK 99775. Questions? Call 907.450.8030 or email sdgive@alaska.edu.

All donors will be listed in the annual report and other publications unless they wish to remain anonymous. If you wish to remain anonymous, please check here.

Office Use Only
Entered by: _____ Date: _____ Effective Pay Period Begin Date: _____
Foundation Account# _____ Effective Pay Period End Date: _____ Deduction Code _____