

# University of Idaho Faculty/Staff Payroll Deduction Gift Authorization Form

Please return completed form to U of I Foundation Office – Mary Forney Hall Rm 105 Campus Zip 3143 or scan and email to [gifts@uidaho.edu](mailto:gifts@uidaho.edu)

Note: Payroll deduction contributions must be for a minimum of five (5) pay periods and a minimum amount of \$5.00 per pay period. UIF will post deduction(s) at earliest available effective date unless otherwise requested.

Questions? Contact us at (208)885-4000 or [gifts@uidaho.edu](mailto:gifts@uidaho.edu)

**Employee Information**

Employee Name \_\_\_\_\_  
Last First MI

Vandal ID Number \_\_\_\_\_ E-mail \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

Phone Number: Work (\_\_\_\_\_) \_\_\_\_\_ Home/Cell (\_\_\_\_\_) \_\_\_\_\_

**Pledge Type** (select one): \_\_\_\_\_ **Definite** (a specified amount or number of pay periods – complete **Section I**)  
 \_\_\_\_\_ **Indefinite** (on-going recurring gift – complete **Section II**)

**Section I – Definite Pledge**

Gift Designation Code and Fund Name	Deduction per pay period	Number of pay periods	Total Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**Section II – Indefinite Pledge**

\*\* Please email UIF when you'd like your deductions to stop at [gifts@uidaho.edu](mailto:gifts@uidaho.edu)

Gift Designation Code and Fund Name	Deduction per pay period
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Authorization**

I hereby authorize the above deduction(s) from my University of Idaho paycheck. Such amount is to be deposited with the University of Idaho Foundation for distribution as shown.

\_\_\_\_\_  
 Signature \_\_\_\_\_  
Date

**Office Use Only:** Contribution # \_\_\_\_\_ Session # \_\_\_\_\_

UIF 12/12/18 Date Entered \_\_\_\_\_ Entered By \_\_\_\_\_