

Please allow up to 30 days or 2 payroll cycles for all requests to take effect

Purpose: Enroll Change Cancel

How are you paid: Bi-Weekly Monthly

Last Name First Name Professional Suffix (*MD, PhD, RN, etc*)

Employee ID No. Day/Month of Birth

Home Address (for your tax letter) City State Zip

Department Department Phone No

Ongoing payroll deductions: (*minimum of \$5 per fund, per paycheck*)

Use my gift to support:

Department / Program / Fund	Amount (per paycheck)
S-LGBTQIH LGBTQI HEALTH FUND	<input type="text"/>
<input type="text"/>	<input type="text"/>

Pledge: (*ex: \$5,000 paid over 5yrs = \$83.33 monthly/\$38.46 bi-weekly*)

Use my gift to support:

Department/Program	Total Pledge Amount	Payment Amount (per paycheck)	To be paid over (max = 5years)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is this gift directed to an account controlled by you? (Are you the P.I. of the account on Quali) Yes No

I wish to remain anonymous. Please do not print my name in any donor recognition.

Please sign and date the form. Send the completed form to:
(or scan and email: employee.giving@ucdmc.ucdavis.edu)

Health Sciences Development
ATTN: Employee Giving Program
4900 Broadway, Suite 1150
Sacramento, CA 95820
Phone: (916) 734-9400 Fax: (916) 451-2637

I hereby authorize the University of California to deduct contributions from my payroll earnings as an employee of THE REGENTS of the University of California and to submit these deductions to Campus Support as elected, in satisfaction of my gift. This authorization is effective with my first payroll earnings following receipt and processing of this form. I understand that I may cancel this deduction at any time. I understand that this authorization shall remain in effect until satisfaction of my gift is made, or until revoked by me, allowing up to 30 days time to change the payroll records in order to make effective any changes in this assignment. This authorization does not cover deductions for any time prior to the payroll period in which the initial deduction is made. I understand further and agree that neither THE REGENTS of the University of California nor any officer or employee thereof shall be held responsible or liable for any inadvertence or error in withholding or transmitting payroll deductions or for any change in the rules or regulations, except from monies actually withheld and not transmitted in the event there are insufficient earnings to cover all required and authorized deductions, including those required legally. I understand that deductions will be taken in the order of priority assigned by the University and not adjustment will be made by reason of insufficient earnings.

Employee Signature

Date