

University of Alaska Foundation

Staff Contribution Form

THANK YOU FOR YOUR SUPPORT!



Last Name _____ First / M.I. _____

Preferred Recognition Name (if different from above) _____

Employee ID _____ Email _____

Department _____ Campus (circle one) UAA UAF UAS SW _____

Home Address _____ City _____ State _____ Zip _____

Work Phone _____ Home Phone _____

Please choose ONE of the following:

I am making a pledge of a one time gift of \$ _____.

OR

I pledge to give a total of \$ _____ with the following payment schedule:
 Per Pay Period* through (month/year) ____/____ (*Note: This is your only option when selecting payroll deduction below.)

Monthly through (month / year) ____/____

Quarterly through (month / year) ____/____

Annually through (month / year) ____/____

OR

I am making an ongoing regular gift of \$ _____ per pay period*/month / quarter / year (circle one) until further notice.
 (*Note: This is your only option when selecting payroll deduction below.)

Please choose payment type below:

Check:
Attached is my check for \$ _____.

Make Check payable to:
University of Alaska Foundation

Payroll Deduction: (Minimum payroll deduction is \$10 bi-weekly per fund with a minimum donation of \$100 per fund).

NEW Deduction **Replacement for EXISTING Deduction**

ADDITIONAL Deduction **Deduction CANCELLATION**

I authorize a payroll deduction of \$ _____ per pay period

Goal Amount \$ _____ (same as gift/pledge above)

Employment contract term: 9, 10, 11 month or 12 month

Credit Card

The University of Alaska Foundation can only accept credit card gifts through our Secure Online Giving Form.

Visit our website at www.alaska.edu/foundation and click the



button in the upper right hand corner.

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) 1st

or 15th of each month. **I have attached a voided check that**

contains my account information.

Please notify me prior to the processing of this gift.

Please use my gift (check one)

Where it is needed most

UAA

UAF

UAS

KUAC

UA Museum

Other _____ (specify fund or scholarship)

Recognition Levels	Minimum/Pay Period	Annual Gift
President's Associates	\$38.47	\$1,000 +
Jade Club	\$19.24	\$500-999
Forget-Me-Not Club	\$10.00*	\$250-499
Forget-Me-Not Club	\$10.00*	\$250-499
University Club	\$10.00*	\$100-249

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** _____

Return form to: Your campus Advancement Services/Development Office. SW employees should return the form to the UA Foundation.

Questions? Call your campus Advancement Services/Development Office or the UA Foundation at 907.450.8030 or email sdgive@alaska.edu.

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: _____

Appeal: _____ Campaign: _____ Membership: _____