UCMERCED

ANNUAL FUND
PAYROLL DEDUCTION FORM

I would like to support the Annual Fund through my monthly payroll deduction:

Monthly Contribution_____Effective Date_____

Name _____

Home Address _____

City _____State_____Zip_____

Home Telephone_____Email_____

Every effort will be made to begin the deduction on the date specified, but ultimately will depend on payroll processing time. Deductions requested to start on the next payday must be received by Development Services at least 10 days prior to due date.

Payroll Status: ☐ Biweekly ☐ Monthly Department Name_____

- This voluntary payroll deduction authorization will remain in effect for 12 consecutive monthly payments.
- Deductions may not be skipped and no retroactive deductions can be taken to compensate for deductions not taken.

☐ I hereby request that this payroll deduction authorization be automatically renewed when my annual renewal gift is due. I understand that I may cancel this authorization at any time by contacting Development Services in writing.

Signature_____

Thank you for contribution in support of the UC Merced Annual Fund!

For more information, please visit our website at giving.ucmerced.edu or
call the Gift Administration Office at (209) 228-4438