

## Payroll Deduction Form

Revised 8/2020

Employee name:

Employee ID number:

Department:

Please deduct:            \$    every month for                        months

*Deductions may be from a minimum of one month to maximum of five years (60 months).*

*Minimum monthly deduction is \$25.00.*

Total pledge amount: \$

Please begin deduction with payroll check dated:

*i.e., earnings for the month of June, check date 7/1/20*

Please designate gift:

*Gifts must be designated to an existing UC Santa Barbara Foundation Fund.*

Signature:

Date:

Please email completed and signed digital form to [dsenchuk@ucsb.edu](mailto:dsenchuk@ucsb.edu).

OR

Please mail completed and signed printed form to Gift Administration Mail Code 1131.

Payroll deductions submitted before the 10th of the month will be effective with the next month's paycheck.

**Thank you for your support!**