

Faculty and Staff Payroll Deduction



Gift Amount

Indicate the total amount of your gift and the amount per pay period below:

SAMPLE GOAL AMOUNT AND DEDUCTIONS	
Annual Contribution	Deduction Per Pay Period (Bi-weekly #, 26 pay periods)
\$260	\$10.00
\$500	\$19.23
\$1,000	\$38.46
\$2,500	\$96.15
\$5,000	\$192.31
\$10,000	\$384.62
\$25,000	\$961.54

Gift Designation (s)	Amount deducted per pay period	Total goal amount OR Ongoing
1.	\$	
2.	\$	

To cancel or change your deduction, please call UMN 612-624-3333

Special instructions regarding this gift

Employee

Dr./Mr./Mrs./Ms.

Employee ID # (Required)

Street Address (Home)

Phone # (Work)

City, State, Zip Code

This gift should also be credited to my spouse/partner:

Phone # (Home)

Dr./Mr./Mrs./Ms.

Return this completed form to:

UNIVERSITY OF MINNESOTA FOUNDATION
200 Oak Street SE, Suite 500
Minneapolis, MN 55455-2010

Signature (Required)

Date