

# Yes, I WOULD LIKE TO PARTICIPATE.

Complete the form below and return it to the volunteer noted on your enclosed reply envelope, or visit [believe.ucffund.org](http://believe.ucffund.org) to make your gift online.

**College/area of employment** \_\_\_\_\_

**Donor name** \_\_\_\_\_

**Joint gift**  **Joint name** \_\_\_\_\_

**Donor address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Home/Cell phone** \_\_\_\_\_ **Campus phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Gift Information** | Please select one of the following ways to make your gift/pledge.

**Payroll deduction** (Also available online)

**Recurring Gift** (Recurring gifts have no end date and will continue to be deducted each pay period.)

Fund number	Fund name	Amount per pay period
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Annual Pledge** (Annual pledges will be deducted biweekly beginning Apr. 13, 2018, until paid in full.)

Fund number	Fund name	Amount per fund
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Annual Amount \_\_\_\_\_

Please deduct \$\_\_\_\_\_ per pay period until paid in full. (Minimum of \$2 per pay period.

If you would like to pay your pledge over the course of a year, please divide your total pledge by up to 26.)

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## Payroll Deduction Authorization

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Employee ID** (7-digit number) \_\_\_\_\_

If I have an active payroll deduction, I agree to add the above annual pledge amount to the balance and extend my deductions by the pay periods noted above.

**Cash**  **Check** Please make check payable to UCF Foundation, Inc.

**Credit card** (Online Only) Please visit [believe.ucffund.org](http://believe.ucffund.org) to make your secure gift.

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For more information, please contact the UCF Fund at 407.882.1220 or [ucffund@ucf.edu](mailto:ucffund@ucf.edu).

Please remember: Never send cash, checks or credit card information via intercampus mail.