NAME:______________________________________________ EMPLOYEE ID#:______________________

DEPARTMENT:____________________________________________________________________________

Return completed form to:
Advancement Services, Gift Administration, 1136 Hinderaker Hall via interoffice mail.

Payroll Deduction Authorization

I want to support our campus through the UC Riverside Foundation. I understand my Payroll Deduction will remain in effect until employment termination or until cancelled by me in writing. My monthly contribution is:

$________________ On-going monthly payroll deduction.
(Note: Employees paid biweekly will see one-half of the monthly amount deducted 24 times a year. There will not be a deduction on two biweekly pay checks in a year).

$________________ Monthly payroll deduction until my pledge of $________ is fulfilled

If you currently have a payroll deduction, please check one:

_____ This form replaces current deduction
_____ This form is in addition to current deduction

This deduction is effective in the pay period following receipt of the form in the UC Riverside Foundation Office. (Subject to Payroll Office cut-offs).

One Time Gift

$__________ Gift Amount

Please enclose a check or give online at www.ucr.edu/giving.

USE CODE: 18EMPLOYEE

Referred by:________________

Gifts can be split between multiple designations per employee’s direction.

For assistance, call Gift Administration at 951-827-3486.

For a complete list of available designations, visit: www.ucr.edu/giving

Gift Designation

_____ The Living the Promise Fund
_____ Scholarship Assistance
_____ Staff Assembly/Society 54
_____ Other:________________________

(Fund, department or program of your choice)

SIGNATURE:________________________ DATE:________________________

OFFICE USE ONLY

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_____ Foundation Accounting
_____ Payroll Office