

UC Riverside Foundation – Pledge/Donation Form
LGBTQIA Student Leadership Scholarship Fund (#5D009)

NAME: _____ EMPLOYEE ID#: _____

DEPARTMENT: _____

I want to support our campus through the UC Riverside Foundation. I understand my Payroll Deduction will remain in effect until employment termination or the pledge is paid in full or cancelled by me in writing. My monthly contribution to the **LGBTQIA Student Leadership Scholarship Fund (#5D009)** is:

\$ _____ Ongoing payroll deduction.

\$ _____ Monthly payroll deduction until my pledge of \$ _____ is fulfilled.

This gift is ____ in memory of: **OR** ____ in honor of: _____

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

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

I understand that authorization of this deduction will be effective the first day of the month following receipt of the form in the UC Riverside Foundation Office (subject to Payroll Office cutoffs). I also understand that I will receive a receipt for my contribution quarterly.

SIGNATURE: _____ DATE: _____

Send completed form to the UC Riverside Foundation, Hinderaker Hall.

OFFICE USE ONLY

TRAN code	Entry Date	Elem No.	Deduction Amount	Elem No.	Goal Amount
X1		6071G		XXXXXXXXXX	XXXXXXXXXX
X1		6072G		6072D	

____ Foundation Accounting

____ Payroll Office