

University of Colorado Foundation
CU Faculty/Staff & CU Foundation Staff Payroll Deduction Gift Form

Return completed form to Gift Processing; 4740 Walnut Street; Boulder, CO 80301

Interoffice mail: Campus Box 57; Boulder, CO 80309

Questions - Call (303) 735-9699

Faculty / Staff Information: Faculty Staff University Foundation

Employee Name: _____ EID or SSN: _____

Address Info:
 Home Address: _____

Home Phone: _____

Employment Info.:

(Title) (Department)

(Campus Box) (Campus E-mail)

Dept. Phone: _____

CU graduate?: Yes No

Degree Info.:

Deduction Information:

Designation: Foundation Boulder Denver
 System HSC Colorado Springs

Please deduct: \$ _____ from my payroll each month.

Effective: _____ Ending: _____ or until further notice
(mm/dd/yr) (mm/dd/yr)

Account #: **0122948** Account Name: **LGBT Certificate Program**
(Name of Fund, Scholarship or Special Project)

Change \$ amount of my gift Effective: _____ Ending: _____ or until further notice
(mm/dd/yr) (mm/dd/yr)
 From \$ _____ To \$ _____

Change designation of my gift Effective: _____ Ending: _____ or until further notice
(mm/dd/yr) (mm/dd/yr)

From: _____ To: _____
(Account#/Account Name) (Account#/Account Name)

Cancel current deduction(s) Effective: _____
(mm/dd/yr)

I HEREIN AUTHORIZE DEDUCTION FROM MY PAYROLL AS OUTLINED ABOVE.

 Signature Date

For additional information regarding designations and/or account numbers, please contact Gift Processing at (303) 735-9699.