Instructions for Giving Gifts to UNM Through Payroll Deduction

NOTE: The attached form is only for UNM faculty and staff whose payroll is through UNM Payroll.

UNM Hospital, UNM Medical Group, and others should contact their individual payroll departments for information.

Instructions

1. Print the form on the following page.

2. Complete the form, including your signature at the bottom of the page.

3. Return your completed form to:

   UNM Foundation, Inc.
   ATTN: Gift Processing
   Two Woodward Center
   700 Lomas Blvd. NE
   Albuquerque, NM 87102

If you have any questions about your payroll deduction, please contact your payroll department or UNM Foundation’s Gift Processing Department at 505-313-7600.
Payroll Deduction Authorization
Please return this form to the UNM Foundation, Inc.
Two Woodward Center
700 Lomas NE
Albuquerque, NM 87102

Name: ____________________________________________________________
Home Address: ______________________________________________________
City, State & Zip: ____________________________________________________
Banner ID: _________________ Email ____________________________________

Appeal Code: UNM Gives 2108

I am:   ☐ Staff   ☐ Faculty

Payroll status: ☐ Bi-weekly   ☐ Monthly   ☐ Other

If you are already making payroll contributions, the contribution on this form is meant to:

☐ Be an additional contribution to the current one.
☐ Change just the amount or designation of the current contribution.
☐ Completely cancel and override the current contribution.

I hereby authorize the UNM Foundation, Inc. to:

☐ Deduct $ ____________ each pay period until I notify you in writing to discontinue deductions.
   OR
☐ Deduct $ ____________ each pay period until my total gift is $ ________________.
   OR
☐ Deduct $ ____________ ONE TIME, from my next paycheck.

Please direct my gift (can choose more than one fund, please indicate dollar amount for each):

$____ Presidential Scholarship Program
$____ President’s Fund for Academic Excellence
$____ UNM General Scholarship Fund
$____ Unmet Student Financial Need
$____ Annual Fund (where the need is greatest)
$____ School/College of ________________________________
$____ Other (please specify) ________________________________

_______________________________________  ____________________________
Signature                           Date