



Donation Deduction Form

☐ I wish to support UFV with a donation of \$_____

Employee Information

I am UFV: ☐ Faculty ☐ Staff

First name: _____

Last name: _____

Employee #: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email address: _____

Donation Information

☐ UFV Student Emergency Fund ☐ Faculty and Staff Bursary

Other: _____

Authorization

☐ I authorize a monthly donation to UFV in the amount of \$_____ to be taken from my pay cheque until I inform UFV otherwise.

***Please note your donation amount will be split into two – half from each bi-monthly pay cheque.**

☐ I wish to learn more about creating a legacy at UFV. Please send me more details on:

☐ Including UFV in my will

☐ Tax-smart giving: shares, RRSP/RRIF, life insurance, real estate, etc.

☐ Please note that UFV is already included in my will.

Signature: _____ Date: _____

Thank you!

Donations made to UFV by payroll deduction will be reflected on your T4
Charitable registration number: 107403701RR0001

Send the completed form to payroll@ufv.ca

Questions? giving@ufv.ca | payroll@ufv.ca | 604-557-4018