

# Donation Deduction Form



YES! I wish to support UFV! Here is my donation of: \$ \_\_\_\_\_

## Employee Information

I am a UFV:  Faculty  Staff

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

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 paycheque until I inform UFV otherwise.

**Please note your donation amount will be split in half; half deducted from your mid-month paycheque; half deducted from your month-end paycheque.**

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

Including UFV in my will

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

Please note that UFV is already included in my will.

Signature: \_\_\_\_\_ Date: MM/DD/YYYY

**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 Division | Abbotsford Campus A291

Questions? [giving@ufv.ca](mailto:giving@ufv.ca) | [payroll@ufv.ca](mailto:payroll@ufv.ca) | 604-557-4018