

Payroll Deduction Authorization Form for Giving

Thank you for your gift!

If you have already submitted a form and deductions are currently being made, this form will supersede your previous deduction.

URIF accepts all gifts on behalf of URI, and your contributions are greatly appreciated. This form, developed jointly between URI and URIF, is to enable RI staff to make payroll deductions to the university.

Please return this form to:

Office of the Controller URI Payroll

11 Carlotti Administration Bldg
75 Lower College Road
Kingston, RI 02881

URI Foundation

Data Management
P.O. Box 1700
Kingston, RI 02881-0488

If you have questions about your gift, please contact:

Office of the Controller
URI Payroll
Barbara Ghigliotty
Assistant Controller for Payroll
Phone: 401.874.5415
Email: bghigliotty@uri.edu

URI Foundation
Phone: 401-874-7900
Email: foundation@uri.edu

Online Giving

Support URI at uri.edu/give

The University and the URI Foundation, committed to assuring the continuation of the critical advancement work that benefits our faculty and students and protects and enhances the endowment, designates five percent of every gift towards the Strategic Reinvestment Fund.

YES, I would like to support the University of Rhode Island with a GIFT of: \$ _____

My gift will be a:

☐ one-time gift OR ☐ bi-weekly installments of \$ _____ for a total gift of \$ _____

Begin deductions with my check received on MONTH: _____ / YEAR: _____ and conclude deductions on MONTH: _____ / YEAR: _____

I would like my gift to support:

- | | |
|---|---|
| ☐ RhodyNow: Immediate Use (where it's needed most) | ☐ College of: _____ |
| ☐ RhodyNow: Scholarship | ☐ Club Sports: _____ |
| ☐ RhodyNow: Students First Fund | ☐ URI Athletics: _____ |
| | ☐ Other: _____ |

Please designate my/our gift as follows:

\$ _____ to _____
\$ _____ to _____

By completing this form, you authorize the University of Rhode Island to deduct your gift payments from your payroll check. Please Print.

NAME _____	EMPLOYEE NUMBER _____
DEPARTMENT _____	CAMPUS PHONE NUMBER _____
ADDRESS _____	PHONE NUMBER _____
CITY _____	STATE / ZIP _____

Payroll Deduction Statement of Authorization Please note, to discontinue payroll deductions, the State of Rhode Island requires specific written authorization. Please indicate the month and year you wish to conclude your deductions on this form and follow with a letter to the payroll office at the appropriate time. Otherwise, your payroll deductions will continue indefinitely (regardless of pledge payment status.)

A record of each charge will be included on your regular payroll stub. **Save that receipt for tax documentation.**

SIGNATURE (REQUIRED) _____ DATE _____

☐ Name(s) as you would like it to appear in our Donor Listing (please print): _____

☐ I wish to remain anonymous.

ORIGINAL: PAYROLL, Carlotti Building, 401.874-5203 **COPY:** URIF, 79 Upper College Road, 401.874.7900

FOR OFFICE USE ONLY

Payroll Account # _____