



Please return this pledge card in the enclosed reply envelope.

Name \_\_\_\_\_

UF/Shands ID \_\_\_\_\_

Work phone \_\_\_\_\_

UF/Shands PO Box \_\_\_\_\_

Department/college \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_

E-mail \_\_\_\_\_

# You make the difference!

## 2009 Campaign Gift Card

### I'd like to support

(you may check more than one, split evenly unless noted):

- College/Unit \_\_\_\_\_
- UF's Greatest Needs (009303)
- Florida Opportunity Scholarships (012979)
- Friends of the Libraries (000223)
- Harn Museum of Art (003073)
- Florida Museum of Natural History (004401)
- Phillips Center for the Performing Arts (004437)
- Other \_\_\_\_\_
- My gift is to be anonymous.

Please return this pledge card in the enclosed reply envelope.

### One-time gift of \$ \_\_\_\_\_

- Check enclosed** (payable to UF Foundation)
- Charge my gift to:**
  - Visa
  - MasterCard
  - Discover
  - American Express

Card # \_\_\_\_\_

Expiration date \_\_\_\_\_ / \_\_\_\_\_

(Please note: For security purposes, your credit card statement address must match your billing address below.)

Billing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature (required for payroll deduction/credit card gifts)

**THANK YOU!**  
Your gift makes a difference!

### Payroll deduction (OPS employees are not eligible for payroll deduction.)

- Continue my current payroll deduction
- Increase my deduction
- New
- See designations on other side

Amount per period \$ \_\_\_\_\_

(I understand that this deduction will continue until I notify the UF Foundation, in writing, of my desire to cancel this deduction.)

### Employer

- UF:**
  - 9-month employee (16 pay periods)
  - 12-month employee (24 pay periods)
- Shands:** 12 months (26 pay periods)
- UF Foundation:** 12 months (24 pay periods)

