

# 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.

URIFAE accepts all gifts on behalf of URI, and your contributions are greatly appreciated. This form, developed jointly between URI and URIFAE, is to enable URI 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 &  
Alumni Engagement**  
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 &  
Alumni Engagement  
Phone: 401.874.7900  
Email: foundation@uri.edu

**Online Giving**  
Support URI at [uri.edu/give](http://uri.edu/give)

The University and the URI Foundation & Alumni Engagement, 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 any operating fund gift toward 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:** URIFAE, 79 Upper College Road, 401.874.7900

**FOR OFFICE USE ONLY**

Payroll Account # \_\_\_\_\_