

UNM Payroll Deduction Form and Instructions

Thank you for your support to the University of New Mexico!

Please Note:

The following form is only for UNM faculty and staff.

For UNM Hospital, UNM Medical Group, UNM Foundation, and others, please contact your payroll department for information.

PRINT & MAIL Instructions

1. Print the form on the following page.
2. Complete the form. Be sure to include your signature.
3. Return your completed form to:

UNM Foundation, Inc.
ATTN: Gift Processing
Two Woodward Center
700 Lomas Blvd. NE
Albuquerque, NM 87102

FILL & EMAIL Instructions

1. Download the form.
2. Complete the form. Be sure to include your eSignature.
3. Email your completed form to:

UNMGives@unmfund.org

If you have any questions about your payroll deduction, please contact your payroll department or UNM Foundation's Gift Processing Department at 505-313-7600.

Thank you!



THE UNIVERSITY OF
NEW MEXICO

Payroll Deduction Authorization

Please return this form to the UNM Foundation, Inc.
700 Lomas Blvd. NE • Suite 203 • Albuquerque NM 87102 • MSC07 4260
unmgives@unmfund.org

Name:

Home Address

City State Zip

Banner ID Email

UNM Department

I am: Staff Faculty Payroll status: Bi-weekly Monthly Other _____

If you are already making payroll contributions, the contribution on this form is meant to:

- Be an additional contribution to the current one.
- Change just the amount or designation of the current contribution.
- Completely cancel and override the current contribution

I hereby authorize the UNM Foundation, Inc. to:

Deduct \$ _____ each pay period until I notify you in writing to discontinue deductions.

OR

Deduct \$ _____ each pay period until my total gift is \$ _____

OR

Deduct \$ _____ ONE TIME, from my next paycheck.

Please direct my gift (you may choose more than one fund. Indicate dollar amount for each):

\$ _____ Lobo Food Pantries - Future Fund Endowment (610584)

\$ _____ Lobo Food Pantries - Immediate Use Funds (202602)

\$ _____ School/College of

\$ _____ Other (please specify)

Signature (REQUIRED):

Date: