

Name: _____
Street: _____
City: _____ State: _____ Zip: _____
Email: _____ Cell Phone: _____

Are you a UConn alum? Yes No

School/College: _____ Class Year: _____

Employment Information

Department: _____ Position/Title: _____
Work Phone: _____ Work Email: _____

My spouse/partner’s employer will match my/our gift (if checked, please enclose the matching gift form). To find out if your spouse/partner’s employer matches gifts made to UConn, visit matchinggifts.com/uconn.

DESIGNATION OF YOUR GIFT

- | | |
|---|---|
| <input type="checkbox"/> Office of Diversity and Inclusion at UConn Health Fund (23848) | <input type="checkbox"/> Center for Nursing Excellence (21210) |
| <input type="checkbox"/> UConn Health Medical Assistants and Medical Technicians Education Fund (23842) | <input type="checkbox"/> School of Medicine Annual Fund (21156) |
| <input type="checkbox"/> Fund for UConn Health (21263) | <input type="checkbox"/> School of Medicine Alumni Scholarship Fund (21801) |
| Other: _____ | <input type="checkbox"/> School of Dental Medicine Scholarship Fund (22332) |
| | <input type="checkbox"/> School of Dental Medicine Annual Fund (21155) |

A comprehensive list of funds can be found at www.foundation.uconn.edu/give-now/uconn-health.

METHOD OF PAYMENT (REQUIRED)

Please choose one of the three options.

Option 1 – PAYROLL DEDUCTION

Employee #: _____

1. Please deduct the following dollar amount continuously each pay period:
- \$2 \$5 \$10 \$15 \$20 \$25 \$40 Other \$ _____

Start my deduction: Immediately On this date: _____

2. I would like to donate \$ _____ per pay period until a total of \$ _____ is reached.
3. I want to increase my current payroll deduction per pay period to the following dollar amount:
\$ _____.

Payroll deductions will begin within 30 days unless you state a later date. Deductions will continue until you call the UConn Foundation at (860) 486-5000.

Required Signature: _____

Option 2 – CHECK

A check in the amount of \$ _____ is enclosed.
(Please make check payable to: The University of Connecticut Foundation.)

Option 3 – CREDIT CARD

Give online at <https://www.foundation.uconn.edu/give-now/uconn-health/>.

GIFT RECOGNITION

I/we wish this gift to be anonymous.

If you choose to be anonymous, your name will be excluded from a public donor list that the UConn Foundation provides to the state of Connecticut annually under state law. The list includes donor name only. No other gift details are included.

I have made a provision for UConn in my estate plans.

My partner/spouse should receive joint credit for this gift.

Name: _____

This gift is being made in honor or in memory of:

Name: _____

Send notification to: _____
(name/address)

Questions?

Email annualgiving@foundation.uconn.edu or call (860) 486-5000.

THANK YOU!

RETURN TO

The UConn Foundation, Inc.

Attention: Faculty and Staff Giving, Madeline Sanzo

2390 Alumni Drive Unit 3206

Storrs, Conn. 06269-3206

Your gift will be received by The University of Connecticut Foundation, Inc., a Connecticut non-profit and a 501(c)(3) tax exempt organization that exclusively benefits UConn. All contributions are subject to certain administrative fees that support Foundation operating expenses and other priorities determined by the University unit receiving the gift. Donors have the right to request that gifts remain anonymous, including no public disclosure in the annual list of donors provided to the State of Connecticut under state law. If you do not wish to receive future fundraising communications supporting UConn Health, please contact us and we will honor your request not to receive fundraising communications from us after the date we receive your request. You may contact us or obtain a copy of our financial report at 2390 Alumni Drive, U-3206, Storrs, CT 06269, 800-269-9965, or www.foundation.uconn.edu. The Foundation is registered to solicit charitable contributions with the appropriate governing authorities in all states requiring registration. REGISTRATION WITH A STATE AGENCY DOES NOT CONSTITUTE OR IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.

Residents of the following states may obtain information as indicated: CA: Official registration and financial information can be obtained from the Attorney General's Web site at <http://caag.state.ca.us/charities/>. Registration does not imply endorsement. MD: A copy of the current financial statement is available on request. Documents and information submitted under the MD Charitable Solicitations Act are available, for the cost of copies and postage, from the Secretary of State, State House, Annapolis MD 21401, 1-410-974-5534 (1-800-825-4510 in MD). NJ: INFORMATION FILED WITH THE ATTORNEY GENERAL CONCERNING THIS CHARITABLE SOLICITATION AND THE PERCENTAGE OF CONTRIBUTION RECEIVED BY THE CHARITY DURING THE LAST REPORTING PERIOD THAT WERE DEDICATED TO THE CHARITABLE PURPOSE MAY BE OBTAINED FROM THE ATTORNEY GENERAL OF THE STATE OF NEW JERSEY BY CALLING (973) 504-6215 AND IS AVAILABLE ON THE INTERNET AT www.nj.gov/oag/ca/ocp/charities.htm. REGISTRATION WITH THE ATTORNEY GENERAL DOES NOT IMPLY ENDORSEMENT. NY: NY residents may obtain a copy of our annual report by writing to the Office of the Attorney General, Department of Law, Charities Bureau, 120 Broadway, New York NY 10271. OR: Registration in no way constitutes or implies any endorsement, sanction or approval of this solicitation, its purposes, the manner in which it is conducted or the person or organization conducting it by the Oregon Attorney General. WA: This organization is currently registered with the WA Secretary of State as required by law. Registration number: 24291. Obtain additional financial disclosure information by contacting the Secretary at 1-800-332-4483. WV: WV residents may obtain a summary of the registration and financial documents from the Secretary of State, State Capitol, Charleston, WV 25305. Registration does not imply endorsement.