

### All Gifts Have an Impact

A gift of any size to the Health Center can make a big difference. Thousands of individual gifts are pooled together to provide scholarships, support research, offer enrichment activities to students, and so much more. Please consider using payroll deduction.

Deduction Per Pay Period	Estimated Yearly Impact
\$ 2.00	\$ 52.00
\$ 5.00	\$ 130.00
\$ 7.50	\$ 195.00
\$ 10.00	\$ 260.00
\$ 12.50	\$ 325.00
\$ 15.00	\$ 390.00
\$ 17.50	\$ 455.00
\$ 20.00	\$ 520.00
\$ 22.50	\$ 585.00
\$ 25.00	\$ 650.00
\$ 30.00	\$ 780.00
\$ 40.00	\$ 1,040.00
\$ 50.00	\$ 1,300.00

# UConn FOUNDATION

Office of Annual Giving  
800.269.9965 or 860.486.1173  
annualgiving@foundation.uconn.edu

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. Contribution fees of 3% and 5%, are applied to donations to endowed and non-endowed funds, respectively. These fees are used to support Foundation operating expenses and other priorities determined by the unit receiving the donation. Donors have the right to request that gifts remain anonymous. If you do not wish to receive future fundraising communications supporting the UConn Health Center, please contact us at 800-269-9965 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](http://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.





# Method of Payment

Please choose 1 of the 3 options

## Select your designation (required)

Thank you for giving...

Close to Home

### Your Information

MEUHZ3

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Are you a UConn alumnus/a? Yes \_\_\_\_\_ No \_\_\_\_\_

School/College: \_\_\_\_\_ Class Year: \_\_\_\_\_

### Business Information

Department: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work E-mail: \_\_\_\_\_

- My spouse/partner's employer will match my/our gift. Please enclose the matching gift form. To find out if your spouse/partner's employer matches gifts, go to [www.matchinggifts.com/uconn](http://www.matchinggifts.com/uconn).

### RETURN TO:

UConn Foundation  
 ATTN: UConn Health  
 PO Box 842948  
 Boston, MA 02284-2948

### Option 1

PAYROLL DEDUCTION Employee# \_\_\_\_\_

- Please deduct the following dollar amount continuously each pay period:

\_\_\_\$2 \_\_\_\$5 \_\_\_\$10 \_\_\_\$15 \_\_\_\$20 \_\_\_\$25 \_\_\_\$30 \_\_\_Other

Start my deduction: ( ) immediately OR date: \_\_\_\_\_

- I want to join the \*Dean's Circle with a gift of \$1,000 or more. Deduct the following dollar amount each pay period

\_\_\_\$40 \_\_\_\$50 \_\_\_\$75 \_\_\_\$100 \_\_\_\$200 \_\_\_Other

Please note that payroll deductions to the following will rollover from year to year until you contact the UConn Foundation at 860-486-1173.

Required Signature: \_\_\_\_\_

\*Employees who give leadership level gifts of \$1,000 or more in annual donations are recognized as members of the Dean's Circle.

### Option 2

CHECK in the amount of \$\_\_\_\_\_ is enclosed.

Made payable to: UConn Foundation, Inc.

### Option 3

CREDIT CARD in the amount of \$\_\_\_\_\_

- Visa  MasterCard  AMEX  Discover

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

Exp. Date: \_\_\_\_\_ \*Code \_\_\_\_\_

\*The last 3 or 4 digit number located on the back of card or on the front right for AMEX

Name as it appears on your card: \_\_\_\_\_

Signature \_\_\_\_\_

- I wish for my/our gift to remain anonymous.  
 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 made in honor or memory of:

\_\_\_\_\_

Send notification to: \_\_\_\_\_

- Fund for UConn Health (#21263)**  
 UConn Health's most flexible fund for areas of greatest need.

- Center for Nursing Excellence (#21210)**  
 To give recognition and to advance excellence in nursing practice.

- Fund for Bioscience Connecticut (#22952)**  
 To support the UConn Health and Bioscience Connecticut Project. Uses may include but are not limited to construction, research, program, educational and salary support.

- UConn Health Discovery Fellowship Fund (#35199)**  
 To provide support to University students who actively participate in University-approved research projects.

- School of Medicine Annual Fund (#21156)**  
 To provide much needed support for improving and strengthening our academic, research and clinical programs.

- School of Medicine Alumni Scholarship Fund (#21801)** To award scholarships to medical students in the school of medicine or to enhance student life.

- School of Dental Medicine Scholarship Fund #22332**  
 To provide scholarships/awards to students in the UConn School of Dental Medicine or to enhance student life.

- School of Dental Medicine Annual Fund #21155**  
 To provide much-needed support for our most pressing needs throughout the year, like replacing a piece of lab equipment or inviting a distinguished guest speaker on a timely topic.

- Other: \_\_\_\_\_

**A comprehensive list of funds can be found at [foundation.uconn.edu](http://foundation.uconn.edu). Call 860-486-1173 or email [annualgiving@foundation.uconn.edu](mailto:annualgiving@foundation.uconn.edu) with questions.**