





# 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.**