UAB GIFT RECORDS
EMPLOYEE PAYROLL DEDUCTION FORM

For the Harrold McDermott Professional Development Award Fund (Endowed)

Please complete and return to Meredith Husnik
at BDB 420G, ZIP 0012, or via fax at (205) 934-1477.

Payroll deduction will begin with the next full calendar month after the form is received, and will continue until the pledge is fulfilled or until the employee requests termination of the deduction. Your gift to UAB is tax-deductible as a charitable contribution to the extent allowed by law.

Questions? Call (205) 934-7406, mhusnik@uab.edu

EMPLOYEE NAME: _____

DEPARTMENT_____ CAMPUS PHONE: _____

CAMPUS ADDRESS _____

HOME ADDRESS: _____

CITY STATE ZIP _____

HOME PHONE _____BLAZER ID OR EMPLOYEE ID NUMBER_____

PAYROLL STATUS: _____ MONTHLY _____BI-WEEKLY

I AM A ☐ UAB EMPLOYEE ☐ HSF EMPLOYEE

UAB IS HEREBY AUTHORIZED TO DEDUCT $_____ FROM MY SALARY EACH PAY PERIOD BEGINNING _____ AND CONTINUING:
(date)

☐ UNTIL A TOTAL OF $_____ HAS BEEN DEDUCTED. ☐ INDEFINITELY.

THIS DEDUCTION REPRESENTS A GIFT TO BENEFIT :

_____
(Name of Project, Unit or Program)

Account number: _____

_____ _____
(Donor Signature) (Date Signed)

TO BE COMPLETED BY DEPARTMENT OF MEDICINE DEVELOPMENT OFFICE:

Date received:_____