

# UAB GIFT RECORDS

## EMPLOYEE PAYROLL DEDUCTION FORM

For C. Glenn Cobbs, MD Endowed Support Fund

Please complete and return to Megann Bates Cain,  
Director of Development for the UAB Department of Medicine,  
at BDB 467, 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) 974-7408; [mbcain@uab.edu](mailto:mbcain@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 :

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(Name of Project, Unit or Program)

Account number: \_\_\_\_\_

\_\_\_\_\_  
(Donor Signature)

\_\_\_\_\_  
(Date Signed)

TO BE COMPLETED BY DEPARTMENT OF MEDICINE DEVELOPMENT OFFICE:

Date received: \_\_\_\_\_