

**UA CARES****Pledge Online: uaccess.arizona.edu**

UAccess > Self Service > Payroll & Compensation > UA Cares

uacares.arizona.edu

Tel: 520-621-5522

1401 E. University Blvd, Tucson, AZ

UA Foundation

Payroll deductions from January 2022–December 2022

**3 EASY
WAYS TO
GIVE!**

NAME

ADDRESS

EMPLID

PHONE

DEPT #

1**Payroll Deduct**☐ I WOULD LIKE MY GIFT TO BE ANONYMOUSI authorize payroll deductions of ☐ \$ /pay period ☐ Fiscal (24 pay periods) ☐ Other # of pay periods (MAX. 24)**2****Check** I have enclosed a check for \$ (Please make your tax-deductible check payable to UA Foundation)**3****Credit Card** To make your gift by credit card, please go to uafoundation.org/give/uacares**My Gift is****Designated to**

- | | | | | |
|--------------------------|-----------------------------|-------------------|-----------|--|
| <input type="checkbox"/> | UA Employee Emergency Fund | 20-10-2005 | Amount \$ | |
| <input type="checkbox"/> | UA Campus Pantry | 20-10-2703 | Amount \$ | |
| <input type="checkbox"/> | Arizona Assurance Endowment | 40-11-6352 | Amount \$ | |
| <input type="checkbox"/> | Other | | Amount \$ | |

(REQUIRED - Please specify Foundation fund account name and number.) My gift is not being directed to an account from which I benefit and on which I am the authorized signer. If designation is not indicated, my gift will go to Arizona Assurance Endowment.

Signature (Required)

Date

**United Way of Tucson**

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Exp. Amount \$

Billing address required for processing. Your credit card statement will show a charge to United Way. Please note, by completing and returning this form you authorize United Way to charge your account for the amount specified.

Credit Card Billing Address

City

State

Zip

My Gift is**Designated to**

- | | | | |
|--------------------------|------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <input type="checkbox"/> | Collective Impact Fund (\$1 generates a \$5 impact) | Amount \$ | |
| <input type="checkbox"/> | Impact Areas <input type="checkbox"/> Education <input type="checkbox"/> Income <input type="checkbox"/> Health | Amount \$ | |
| <input type="checkbox"/> | Helping the Working Poor Fund (may be tax credit eligible) | Amount \$ | |
| <input type="checkbox"/> | Other (IRS Qualified Nonprofit/501(c)3 Agency or Agencies) | Amount \$ | |

Signature (Required)

Date