



EASTERN OREGON
UNIVERSITY

**Faculty/Staff Voluntary Payroll Deduction Form for
Tax Deductible Donations to the EOU Foundation**

Last Name First Name MI EOU Payroll #

Amount of Monthly Deduction:	\$
Select one of the following choices:	
<input type="checkbox"/> 1. Number of months (Specify the number of months that you want the deduction to be processed. The deduction will automatically stop at the end of the specified number of months.)	X _____
<input type="checkbox"/> 2. Continuous deduction (The deduction will continue from year to year until you contact the payroll dept. and request the deduction to be terminated)	X _____
TOTAL CONTRIBUTION (in 12 month period)	\$

Please use my gift for:

- Unrestricted needs
- Restrict for _____

Signature of Donor

Date

Thank you for giving to the EOU Foundation. If you have any questions, please contact our office at 541-962-3740.

Complete top portion of form and return directly to the University Advancement Office, Inlow Hall 212

Office Use:

UA Office: Rec'd _____ Processed by _____ Sent to Payroll _____

Payroll Office: Beginning _____ Ending _____ Plan Type _____ Date _____