

Faculty/Staff Voluntary Payroll Deduction Form for Tax Deductible Donations to the <u>EOU Foundation</u>

Last Name	First Name	MI	EOU Payroll #
Home Mailing Address			
Amount of Monthly	Deduction:	\$	
Select one of the follow	wing choices:		
	f months that you want the deduction to be ion will automatically stop at the end of the onths.)	¢	
E	Total amt. contributed ate for deduction:	•	
2. Continuous ded	luction	(The deduction will continue from year to year until you contact UA or the EOU Payroll Office and request the deduction to be terminated)	
Please use my g	vift for:		
	restricted needs		
□ Re	strict for		
nature of Donor Da		ate	
hank you for giving to th	ne EOU Foundation. If you have a	ny questio	ns call 541-962-3835.
	of form, sign & return direct <u>y Advancement, LIB 209</u> .	• 0	veir@eou.edu or by
st updated 8/2023 Office Use:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
UA Office: Rec'd	_ Processed by Sen	t to Pavroll	Enter into RE

Payroll Office: Beginning_____ Ending_____ Plan Type__GEF___ Date____