**Faculty Voluntary Payroll Deduction Form for Donations to**

**the Eastern Oregon University Faculty Union’s (AAP) Hardship Fund**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Last Name First Name MI EOU Payroll #**

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| **Home Mailing Address**   * **One-time contribution ($10 minimum)**   **Amount of one-time contribution** $**\_\_\_\_\_\_\_\_\_\_\_**   * **Monthly payroll deduction ($10/month minimum)**   **Amount of monthly deduction:** $**\_\_\_\_\_\_\_\_\_\_\_** |
| **Number of months** X\_**\_\_\_\_\_\_\_\_\_\_**  (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.)  **Total amount contributed**: $\_\_\_\_\_\_\_\_\_\_\_   * **Continuous monthly contribution ($10/month minimum)**   **Amount of monthly contribution** $**\_\_\_\_\_\_\_\_\_\_\_** |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature of Donor Date** |

#### Form should be forwarded to Payroll (Inlow 205, payroll-group@eou.edu). Forms received in payroll after the 15th of the month will be processed the following month. Thank you for contributing to the Hardship Fund. If you have any questions email aap.local6200@gmail.com.