EASTERN OREGON
UNIVERSITY

*** Required fields**

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

Last Name *	First Name *	MI	EOU Payroll # *

Home Mailing Address *

Amount of Monthly Deduction: *	**$**
Select one of the following choices: * ☐ 1. **Number of months** (Specify the number of months that you want the deduction to be processed. The deduction will automatically stop at the end of the specified number of months.) **Total amt. contributed**: **End date for deduction:**_____	**X** _____ _____ **$**
☐ 2. **Continuous deduction**	(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 gift for:

☐ Unrestricted needs

☐ Restrict for _____

_____ _____

Signature of Donor * Date *

Thank you for giving to the EOU Foundation. If you have any questions call 541-962-3835.

Complete top portion of form, sign & return directly to gsilveir@eou.edu or by mail to Attn: Gerri, University Advancement, Inlow Hall.

Last updated 8/2023 Office Use:

UA Office: Rec'd_____ Processed by_____ Sent to Payroll_____ Enter into RE_____

Payroll Office: Beginning_____ Ending_____ Plan Type__**GEF**_____ Date_____