

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	ving choices:		
	months that you want the deduction to be on will automatically stop at the end of the		
17.	Total amt. contributed nd date for deduction:	: \$	
2. Continuous ded	uction	to yea	duction will continue from year ar until you contact UA or the Payroll Office and request the deduction to be terminated)
Please use my g ☐ Uni	ift for: restricted needs		
□ Res	strict for		
gnature of Donor		ate	
hank you for giving to th	e EOU Foundation. If you have a	ny questio	ons, please call 541-962-
Complete top portion of use updated 12/02/14 Office Use	of form & return directly to <u>l</u>	<u>Universi</u>	ty Advancement, IH 2
	Processed by Sen	N.ŽŽ.	ลางการการเก็บโดเก็บกับันกา
Payroll Office: Reginning	Ending Plan Type	چ	Date