

## 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 D	eduction:	\$	
Select one of the followi	ng choices:		
processed. The deduction specified number of mon	nonths that you want the deduction to be n will automatically stop at the end of the	e	
2. Continuous dedu	ction	to year	duction will continue from year r until you contact UA or the ayroll Office and request the deduction to be terminated)
Please use my git ☐ Unre	ft for: estricted needs		
□ Rest	rict for		
ignature of Donor		Date	
Thank you for giving to the	<b>EOU Foundation. If you have a</b>	any questio	ns call 541-962-3835.
Complete top portion of H 212B.	f form & return directly to	attn: Ger	ri, <u>University Advan</u>
ast updated 1/2021 Office Use:		~~~~	······································
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UA Office: Rec'd	Processed by Se	nt to Payroll_	Enter into RE
Payroll Office: Beginning	Ending Plan Typ	be_ <b>GEF</b>	Date