

Employee Giving



Western Oregon
UNIVERSITY
WOU Foundation

PAYROLL DEDUCTION AUTHORIZATION FORM:

Employee name _____
(Please Print or Type) Last First Middle initial

Home address _____

V number _____ Work phone _____ Department _____

PLEASE SELECT ONE:

This pledge will be in addition to
 replace all previous payroll deductions to the WOU Foundation

PLEASE SELECT ONE:

9-month employee 12-month employee Student employee

PLEASE SELECT ONE:

WOU Sustainer Program

Continue until canceled Start month _____
 \$100 \$85 (President's Club) \$50 \$25 Other \$ _____

Limited duration pledge

Monthly payments of \$ _____ Start month _____ Stop month _____

THIS GIFT WILL BE USED FOR:

Greatest need Other (please designate) _____

ALL DONATIONS QUALIFY AS TAX DEDUCTIBLE CHARITABLE CONTRIBUTIONS

As provided in ORS 292.014, I hereby authorize the deduction from my pay each period the amount designated above. Such amount is to be deposited with the WOU FOUNDATION. This deduction shall continue until the pledge total is complete or upon **written notice from me to Payroll.**

Signature _____ Date _____

The duties and obligations of the State of Oregon arising from this request shall be limited to the payment of the sum designated to the WOU Foundation.

Thank you for your donation.

*** For Office Use Only ***

Con. ID _____

Fund Code _____

Campaign Code _____

Appeal Code _____