

Employee Payroll Deduction Form

EMPLOYEE INFORMATION

Employee Name: _____

Employee ID#: _____

I would like to donate an ongoing monthly contribution of: \$ _____

Beginning: _____ / _____
MONTH/YEAR

OR

I would like to donate a monthly contribution of _____ over an installment period of _____ months.

Beginning _____ / _____ and ending _____ / _____
MONTH/YEAR MONTH/YEAR

for a total contribution of: \$ _____

GIFT INFORMATION

Please indicate where to direct your monthly contribution:

SOU Fund (matched an additional 50%): \$ _____

Count Me In Scholarship: \$ _____

Other (please specify): \$ _____ Fund: _____

I hereby authorize Southern Oregon University to deduct from my salary a monthly amount as shown above.

Signature: _____ Date: _____

Note: The form must be received by the 10th day of the month to be applied to the following month.

Please return completed form to:

Southern Oregon University Foundation
Plunkett Center
1250 Siskiyou Blvd
Ashland, OR 97520

An administrative fee may be applied to gifts.
All gifts are tax deductible to the full extent of the law.