

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 in

and Ending in

for a **Total Contribution** of:

Month / Year

Month / Year

Gift Information

Please indicate where to direct your monthly contribution:

The SOU Fund: \$

Academic Program (specify): \$ Fund:

Scholarship (please specify): \$ Fund:

Other (please specify): \$ Fund:

Total Monthly Contribution:

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

Signature:

Date:

Note: Please send this form to the SOU Foundation. The form must be received by the 10th day of the month.

Please return completed form to:

Southern Oregon University Foundation

1250 Siskiyou Blvd
Ashland, OR 97520

Email: SOUFoundation@sou.edu

Phone: 541-552-6127

Comments:

Please make checks payable to the Southern Oregon University Foundation

1250 Siskiyou Boulevard • Ashland, OR 97520 • 541-552-6127 • soufoundation@sou.edu • www.soufoundation.org

A gift fee of 5% may apply to your donation. This fee provides essential operational support for the SOU Foundation. The SOU Foundation Tax ID # is 23-7030910.