



WOU Foundation Payroll Deduction Authorization

Please Return This Form To:
 WOU FOUNDATION
 The Cottage
 Western Oregon University
 Monmouth OR 97361

EMPLOYEE

NAME:

(Please Print or Type) Last _____ First _____ Middle Initial _____

Home Address: _____

V Number _____ Work Phone _____ Department _____

Sustainer Group	Annual Donation	Monthly Donation
President's Circle	\$2,500 and greater	\$209 or more
President's Club	\$1,000-\$2,499	\$84-\$208
Ira Butler Society	\$500-\$999	\$42-\$83
1856 Society	\$250-\$499	\$21-\$41
Crimson Society	\$100-\$249	\$9-\$20
Friends of WOU	\$60-\$99	\$5-\$8

PLEASE SELECT ONE BOX:

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

PLEASE SELECT ONE OPTION:

9 month Employee 12 month Employee

PLEASE SELECT ONE OPTION:

ONGOING PLEDGE:

Continue until cancelled \$ _____ per month Start Month: _____

LIMITED DURATION PLEDGE:

Monthly Payments of \$ _____ Start Month: _____ Stop Month: _____

THIS GIFT WILL BE USED FOR:

WOU ANNUAL FUND or Other: _____

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 the Payroll Office.**

DATE: _____

SIGNATURE: _____

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 *****

Donor Key _____
 Fund Code _____
 Campaign Code _____
 Source Code _____