



WOU FOUNDATION

PAYROLL DEDUCTION AUTHORIZATION

EMPLOYEE NAME: _____
(Please print or type) Last First Middle Initial

Home Address: _____

Social Security Number Phone Department

ALL DONATIONS QUALIFY AS TAX DEDUCTIBLE CHARITABLE CONTRIBUTIONS:

TOTAL PLEDGE MONTHLY PAYMENTS Start Date: _____
 \$ _____ \$ _____ Stop Date: _____

OR ONGOING PLEDGE

Continue until cancelled \$ _____ per month. ____ 9 mo. ____ 10 mo. ____ 12 mo.

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 currently with the WOU FOUNDATION. This deduction shall continue until the pledge total is complete or upon written notice from me.

Unrestricted _____ Please use for: _____

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.

**RETURN TO: WOU FOUNDATION
The Cottage
Western Oregon University
Monmouth, OR 97361**

This pledge will be in addition to or supersede all previous payroll deduction for the WOU Foundation. (Check one box)