



Western Oregon
UNIVERSITY
WOU Foundation

Employee Giving

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

THANK YOU FOR BEING A WOU SUSTAINER:

Start month _____

\$100 \$85 (President's Club) \$50
 \$25 Other \$ _____

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 written notice is received from me by Human Resources (payroll@wou.edu).

Notice must be received by the 10th of the month to start or stop deduction.

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.

Submit your form: Complete and save this fillable pdf. Submit by using the "Human Resources Form Submission" Portal Channel. Upload the file under the headers "Current Employee – Payroll" as "Payroll Deduction Authorization Form". Human Resources will provide WOU Foundation with a copy of your form once it's completed. Submit by the 10th for deduction to start that month.

For information: foundation@wou.edu

Thank you for your donation!