

SOUTHERN OREGON UNIVERSITY FOUNDATION

1250 Siskiyou Boulevard • Ashland, OR 97520 • (541) 552-6127 • www.soufoundation.org

EMPLOYEE CONTRIBUTION PAYROLL DEDUCTION FORM

Employee Name: _____

Employee ID #: _____

Monthly Amount: \$ _____

Start Month/Year: ____/____ Ongoing Deduction
 Nbr of Installments: ____ End Month/Year: ____/____

Total Contribution: \$ _____

Please check one or more of the boxes below to indicate where to direct your gift:

The SOU Annual Fund: \$ _____

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

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

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

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

Signature: _____ Date: _____

Note: This form must be delivered by the 10th day of the month of your first installment.

Please return completed form to: **Southern Oregon University Foundation**
1250 Siskiyou Blvd
Ashland, OR 97520
Email: SOUFoundation@sou.edu
Phone: 541-552-6127

Comments: