

1720 East 13th Avenue, Suite 410 Eugene, OR 97403 541-302-0300

> giving@uoregon.edu giving.uoregon.edu

PAYROLL DEDUCTION AUTHORIZATION FORM

| Name UO ID | | | | | | |
|--|---|---|--|--|--|---|
| Department | | | Title | | | |
| Home Address | | | City | Sta | ate | Zip |
| E-mail | Home Phone | | Cell F | Cell Phone | | |
| □ Faculty □ Staff Are you | ou also? □ Alum: (| Class Year _ | Degree _ | | | □ Parent |
| OPTIONS BELOW: | I want to give \$ | | _ (amount) to | | | (designation) |
| I want to | | | ☐ Bi-Annually ☐ | | | |
| □ INITIATE Indicate start date: | | | Il deduction until I ca | | _ | - |
| □ CHANGE* | I want to give \$ | | (amount) to | | | (designation) |
| ☐ ADD A NEW GIFT | ☐ Monthly ☐ | Quarterly | ☐ Bi-Annually ☐ | ☐ Annually | | |
| ☐ CANCEL my payroll deduction to UO. If submitted by the 11th, deductions will take effect the same month; submissions made after the 11th will take effect the following month. | □ This is an <u>ONGOING</u> payroll deduction until I cancel my gift in writing or leave the university. □ This is a <u>LIMITED</u> payroll deduction until my total pledge of \$ is fulfilled. If you would like to add additional designations, please contact Jenn Mault at 541-346-2114 or jmault@uoregon.edu | | | | | |
| I understand my gift by payroll de the university. I also understand t the month following receipt of this annual gift receipt from the Unive | hat initiating, changii s form, subject to cuto rsity of Oregon Foun | ng, adding or off dates from idation detailii | cancelling my payroll the UO Payroll Offic ng my giving by payro | I deduction will le. Further, I und bill deduction for | be effective or derstand that I the entire yea | n the first day of will receive one ar. |
| Signature | | | D | ate | | |
| Please send your completed and signed form to: | | Ford Alumn | ing Program | Questions? Call 541-346-2114 or email jmault@uoregon.edu | | |

Eugene, OR 97403