

PAYROLL DEDUCTION FORM



Mission Statement

The mission of the Oregon State Capitol Foundation is to preserve and enhance the historical integrity of the State Capitol, and to celebrate contributions to state government for the benefit of all Oregonians.

Name: _____ Agency: _____
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PLEASE PROVIDE THE FOLLOWING INFORMATION SO THAT WE CAN ACKNOWLEDGE YOUR GIFT FOR TAX PURPOSES:

Address: _____
Street Address City State Zip Code

Email Address: _____

Type of Payment: Monthly (any amount)* \$ _____
One time only (any amount) \$ _____

Please cancel my payroll deduction

My signature below authorizes my employer to deduct the amount indicated until such time another form is submitted to change or cancel this deduction.

Employee Signature Date

Please provide a copy of this signed form by:

Mail: Oregon State Capitol Foundation
PO Box 13472
Salem OR 97309

Fax: 503-364-9919

Email to: oscf@oregoncapitolfoundation.org