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UO Office of Development
Agate House
1795 Agate Street
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PAYROLL DEDUCTION FORM

I AUTHORIZE \$_____ to be deducted from my University of Oregon paycheck each month beginning (date) _____.

Please allocate my gift to: Center for the Study of Women in Society (CSWS)

Printed Name: _____

Department: _____

Signature: _____

UOI ID#: _____

*If you have any questions, please contact Judith Musick, Associate Director,
CSWS at (541) 346-5099 or musick@uoregon.edu*