



GLENN JACKSON SCHOLARSHIP PAYROLL DEDUCTION PROGRAM

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER
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I work for: ODOT (Agency code 73000) OPRD (Agency code 73410)

I wish to give: \$2 per month \$5 per month \$10 per month Other (ENTER AMOUNT) per month

Please make my donation (check one) On-going (Call payroll to cancel) For One Year

I authorize the State of Oregon, as my employer, to withhold the monthly amount as shown above from my salary for the period indicated and pay directly to the Glenn Jackson Scholarship Fund.

SIGNATURE

DATE

Please send me more information about the Glenn Jackson Scholarship Program to the address below.

Return completed forms to: Oregon Department of Transportation
Business Services Section
355 Capitol Street NE Room 22
Salem OR 97301-3871

You may FAX completed forms to: (503) 986-4025