



GLENN JACKSON SCHOLARSHIP PAYROLL DEDUCTION PROGRAM

NAME: LAST	FIRST	M.I.	OREGON IDENTIFICATION NUMBER (OID)
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I work for (select one): ODOT (73000) ORPD (73410)

I wish to give: \$2 per month \$5 per month \$10 per month Other: \$ _____ per month

Make my donation: Ongoing (call Payroll to cancel) For 1 year

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

SIGNATURE

DATE

Please send me more information about the Glenn Jackson Scholarship Program. Send to:

ADDRESS	CITY, STATE, ZIP
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Send completed form to: Oregon Department of Transportation
Human Resources MS 12
Attn: Glenn Jackson Scholarship Program
355 Capitol St. NE
Salem, OR 97301-3871

Or fax to: (503) 986-3895