

# Faculty/Staff Payroll Deduction Contribution

Name \_\_\_\_\_

VT PID \_\_\_\_\_

VT email address \_\_\_\_\_

VT ID number \_\_\_\_\_

## Gift Amount (per pay period)

\$2.08 \$50 annually     \$4.17 \$100 annually     \$10.42 \$250 annually     \$20.83 \$500 annually     \$41.66 \$1,000 annually     Other \$ \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> Virginia Tech Annual Fund                  | <input type="checkbox"/> Graduate School-Annual Fund               |
| <input type="checkbox"/> College of Agriculture & Life Sciences     | <input type="checkbox"/> Hokie Parents Annual Fund                 |
| <input type="checkbox"/> College of Architecture & Urban Studies    | <input type="checkbox"/> Honors College                            |
| <input type="checkbox"/> College of Business-Pamplin                | <input type="checkbox"/> InclusiveVT Excellence Scholarship Fund   |
| <input type="checkbox"/> College of Engineering                     | <input type="checkbox"/> Library Excellence Annual Fund            |
| <input type="checkbox"/> College of Liberal Arts & Human Sciences   | <input type="checkbox"/> Marion duPont Scott Equine Medical Center |
| <input type="checkbox"/> College of Natural Resources & Environment | <input type="checkbox"/> Moss Arts Center Annual Fund              |
| <input type="checkbox"/> College of Science                         | <input type="checkbox"/> Student Affairs Annual Fund               |
| <input type="checkbox"/> College of Veterinary Medicine             | <input type="checkbox"/> VT Carilion Research Institute            |
| <input type="checkbox"/> Alumni Association Scholarship Fund        | <input type="checkbox"/> VT Carilion School of Medicine            |
| <input type="checkbox"/> Athletics-Hokie Scholarship Fund           | <input type="checkbox"/> W.E. Skelton 4-H Annual Fund              |
| <input type="checkbox"/> Corps of Cadets Commandant's Annual Fund   | <input type="checkbox"/> Other _____                               |

This is a joint gift with my spouse. Spouse name \_\_\_\_\_

I wish for this gift to remain anonymous. I understand that this gift will not be listed in any university publications.

## Update to Existing Payroll Deductions

- |   |   |
|---|---|
| <input type="checkbox"/> Change gift amount | <input type="checkbox"/> Change designation     |
| <input type="checkbox"/> Add designation    | <input type="checkbox"/> Stop payroll deduction |

## Payroll Deduction Agreement

I hereby authorize my employer, Virginia Tech, to deduct an annual amount of \$ \_\_\_\_\_ from my bimonthly paycheck in 24 equal installments.

Select one:

- This gift will be renewed automatically on an annual basis by the Virginia Tech Foundation until my notification to cancel.
- This gift will expire after the 24th installment (one year).

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print and mail your completed form to the address below.

Virginia Tech Office of Gift Accounting  
University Gateway Center (0336)  
902 Prices Fork Road  
Blacksburg, VA 24061  
giving.to.vt.edu

Contact  
(800) 533-1144 or (540) 231-2801  
(540) 231-3767 fax  
give.to.vt@vt.edu

