

Annual Fund Gift

Name _____ Spouse's name *if applicable* _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ Email address _____

Gift amount

- \$25,000** *1872 Society Grove Circle* **\$10,000** *1872 Society Burruss Hall Circle* **\$5,000** *1872 Society Drillfield Circle* **\$1,000** **Other \$** _____

Unrestricted	\$ _____	Hokie Athletic Scholarship Fund	\$ _____
President's Discovery Fund	\$ _____	Honors College	\$ _____
CALS Dean's Fund for Excellence	\$ _____	InclusiveVT Student Excellence Fund	\$ _____
College of Architecture & Urban Studies	\$ _____	Library Excellence Fund	\$ _____
College of Business-Pamplin	\$ _____	Marion duPont Scott Equine Medical Center ...	\$ _____
College of Engineering	\$ _____	Moss Arts Center Fund	\$ _____
College of Liberal Arts & Human Sciences	\$ _____	Parents Fund	\$ _____
College of Natural Resources & Environment ...	\$ _____	Student Affairs	\$ _____
College of Science	\$ _____	VT Carilion Research Institute	\$ _____
College of Veterinary Medicine	\$ _____	VT Carilion School of Medicine	\$ _____
Alumni Association Programs	\$ _____	W.E. Skelton 4-H Annual Unrestricted	\$ _____
Corps of Cadets Commandant's Priorities	\$ _____	Other	\$ _____
Grad School-Advanced Degree Alumni Fund ...	\$ _____	Total:	\$ <input type="text"/>

- This is a joint gift with my spouse (named above).
 I wish for this gift to remain **anonymous**. I understand that this gift will not be listed in any university publications.

Payment options

- Cash or check.** \$ _____ is enclosed. *Please make check payable to the Virginia Tech Foundation, Inc.*
- Credit card.** Credit card number _____ Exp. date _____
Charge scheduled payments of \$ _____ in the following months (max one year):
 Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec
- Electronic funds transfer (EFT).** Please send me the proper forms to authorize the Virginia Tech Foundation, Inc., to electronically conduct approved transactions directly with my financial institution(s).
Request forms by calling 1-800-533-1144 or emailing give.to.vt@vt.edu.
- Stocks, bonds, mutual funds, or other property.** Approximate value of \$ _____
 Please have a University Development officer contact me.
- Employer matching gift.** In addition to my own personal gift commitment, _____ will match my gift.
Visit matchinggifts.com/vatech to see if your employer matches gifts.

Signature _____ Spouse's signature *if applicable* _____ 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
givingto.vt.edu

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

