



Virginia Tech Faculty/Staff Payroll Deduction Contribution

Name: _____ SSN: _____

Address: _____

Telephone Number (____) _____ - _____ Email: _____

Total Amount of Pledge: \$ _____

Amount to be withheld per month: \$ _____

If you would you like the contribution divided into *semi-monthly*' payments?

(Check box for yes)

Beginning month/yr: _____ -Ending month/yr: _____

My Gift is to Benefit

University Priorities	\$	Human Resources	\$
Agriculture & Life Sciences	\$	College of Veterinary Medicine	\$
Architecture & Urban Studies	\$	Alumni Association Programs	\$
Arts & Sciences	\$	University Libraries	\$
College of Business	\$	Corp of Cadets	\$
College of Engineering	\$	Athletic Fund (VTAF)	\$
College of Natural Resources	\$	Other VIRGINIA 4-H FOUNDATION	\$

Other/Comment: If you would like your gift to go to a specific Department or Program, Please specify:

VIRGINIA 4-H FOUNDATION

Signature- _____

Date: _____

Signature is required to authorize your payroll deduction. Only one pledge payroll deduction can be active at a time. Please send form to:

Gift Accounting, Attention: Leslie Hetherington, Office of University Development, mail code 0336.

For questions} please call 1-2889.

Thank you for your support of Virginia Tech!