

# DONATION/PLEDGE FORM

VSCC EMPLOYEE



## Donor Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle: \_\_\_\_\_ Title:  Dr.  Mr.  Mrs.  Ms.  Other \_\_\_\_\_  
V Number: \_\_\_\_\_ Department: \_\_\_\_\_ Alumni \_\_\_\_\_ Year \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  Work  Cell  Home  
Email Address: \_\_\_\_\_  I would like this gift to remain anonymous.  
Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Donation Information

### A One-Time Donation in the Amount of:

\$5,000  \$2,500  \$1,000  \$500  \$100  \$50  Other: \$ \_\_\_\_\_

## Recurring Gift

- \$50 per pay period = \$600 annually
- \$25 per pay period = \$300 annually
- \$15 per pay period = \$180 annually
- \$10 per pay period = \$120 annually
- \$5 per pay period = \$60 annually
- Other: \$ \_\_\_\_\_ per pay period

Designated for: \_\_\_\_\_

*(If no designation, donation will be applied to the Volunteer State Fund.)*

Please begin payroll deduction on \_\_\_\_\_, 20\_\_\_\_\_.

Payroll Deduct one payment only on \_\_\_\_\_.

### Office Use Only:

Amount	Account
_____	_____
_____	_____
_____	_____
Foundation Receipt _____	
Business Office _____	Payroll _____

## Payment Information

- Check made payable to VSCF (Volunteer State College Foundation) enclosed and mailed to the address below.
- For credit card payment please call 615-230-3509 or donate online at <http://volstate.edu/foundation/Giving.php>

Volunteer State College Foundation

1480 Nashville Pike

Gallatin, TN 37066

100% of your investment goes to benefit students

615-230-3506 [www.volstate.edu/foundation](http://www.volstate.edu/foundation) 615-230-3508 (fax)

VSCF is a 501 (c)(3) non-profit organization. All gifts are tax deductible as allowed by law.

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