

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

615-230-3506 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.