

# 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 \_\_\_\_\_.

### Office Use Only:

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

## Payment Information

- ☐ Check enclosed and mailed to the Foundation office (Checks should be made payable to Volunteer State College Foundation)
- ☐ For credit card payment please call (615) 230-3506 or donate online at <https://www.volstate.edu/give>

### Volunteer State College Foundation

Scan your completed form and email to [foundation@volstate.edu](mailto:foundation@volstate.edu) or send interoffice to the Foundation  
100% of your investment goes to benefit students

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

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