

Commonwealth of Virginia Campaign - Pledge Card

Agency : Virginia Tech | ① Employee ID# _____ | Employee Name (Last, First, Middle Initial) _____
 Code: 208

The Commonwealth of Virginia Campaign www.cvc.hr.vt.edu

| ② Method | | Annual Gift | OTHER | Annual Gift |
|------------------------------|----------|-------------|-----------------------------------|-------------|
| PAYROLL DEDUCTION | | | Cash (attach) | \$ _____ |
| \$ _____ per pay period x 24 | \$ _____ | | Check (payable to CVC and attach) | \$ _____ |
| \$ _____ one-time deduction | \$ _____ | | | \$ _____ |

④ AUTHORITY AND ACKNOWLEDGMENT
 Date: _____

 I authorize this contribution to the CVC (Signature of Employee)
 YES, I wish to receive confirmation of my pledge. Please share my name, address and gift amount with the charities I have selected for acknowledgment and tax-filing purposes (provide address below).
 NO, I wish my gift to be anonymous.
 Street: _____
 City: _____ State: _____ Zip: _____

③ Designation
 I DO WISH to designate my gift to one or more specific charities. I DO NOT wish to designate my gift to a specific charity.
 (Consult the list of CVC-approved charities and enter the proper code numbers and dollar amounts here. The CVC accepts pledges for CVC-approved charities only.)

| | | | | | |
|----------------------|----------------------|-----------------|----------------------|----------------------|-----------------|
| <input type="text"/> | <input type="text"/> | _____ | <input type="text"/> | <input type="text"/> | _____ |
| Code No. | Annual Amount | Name of Charity | Code No. | Annual Amount | Name of Charity |
| <input type="text"/> | <input type="text"/> | _____ | <input type="text"/> | <input type="text"/> | _____ |
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| | | | | | |
|----------------------|----------------------|-----------------|----------------------|----------------------|-----------------|
| <input type="text"/> | <input type="text"/> | _____ | <input type="text"/> | <input type="text"/> | _____ |
| Code No. | Annual Amount | Name of Charity | Code No. | Annual Amount | Name of Charity |
| <input type="text"/> | <input type="text"/> | _____ | <input type="text"/> | <input type="text"/> | _____ |
| Code No. | Annual Amount | Name of Charity | Code No. | Annual Amount | Name of Charity |

- All pledge forms must be signed or they will be returned for signature.
- If you would like for your charity to send a receipt for tax purposes, you must check “Yes” and include an address in the space provided.
- Return your pledge form by campus mail to CVC Coordinator (0318) or United States mail to CVC Coordinator, North End Center Suite 2300 (0318), 300 Turner Street, NW, Blacksburg, VA 24061.
- For more information visit cvc.hr.vt.edu.