Office of Institutional Advancement
Payroll Deduction Form

Employee ID: _____ Banner (V Number): _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Preferred Phone: _____

Preferred Email: _____

Payroll Deduction Options (Select only one option):

☐ One Time Deduction of: $ _____.

☐ Recurring Deduction: (select one) ☐ Monthly ☐ Semi-monthly ☐ Continuous*

Recurring Deduction Amount: $_____

☐ Starting on _____(date) and ending on_____(date) **N/A if Continuous**

☐ Until total amount of $_____ is reached.

***Donor will notify the Office of Institutional Advancement in writing to cancel continuous deduction. Deduction will begin on the next payroll cycle after the form is submitted to the Payroll Office.**

Designation(s): _____

_____

For multiple designations, indicate the deduction amount for each fund.

For Institutional Advancement and University Payroll Office Use Only:

☐ University ☐ VSU Foundation ☐ Other Designatio Fund Account # Required _____(IA will provide fund) account number for all designation(s) listed above)

I authorize Virginia State University Payroll Office to deduct the amount indicated above in the manner and timeframe outline. I understand if there are any changes, I will notify the Office of Institutional Advancement in writing.

Signature: _____ Date_____

Completed forms should be returned to the Office of Institutional Advancement.

Virginia State University ◊ Office of Institutional Advancement ◊ P.O. Box 9027 ◊ Virginia State University, VA 23806 ◊ (804) 524-5045 ◊ www.vsu.edu/giving ◊ giving@vsu.edu

Revised as of 07/23/2025

Office of Institutional Advancement
Recurring Giving Options

TOTAL PLEDGE AMOUNT	MONTHLY INSTALLMENT	SEMI-MONTHLY INSTALLMENT
$250	$20.83	$10.42
$500	$41.66	$20.83
$1,000	$83.33	$41.67
$1,500	$125.00	$62.50
$2,500	$208.33	$104.17
$5,000	$416.66	$208.33
$7,500	$625.00	$312.50
$10,000	$833.33	$416.67
$15,000	$1,250.00	$625.00
$20,000	$1,666.66	$833.33

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