

Office of Institutional Advancement Payroll Deduction Form

Employee ID:	Banner (V Number):
Name:	
	Zip:
Preferred Phone:	
Preferred Email:	
Payroll Deduction Options (Select onl	y 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 not Continuous
Until total amount of \$	is reached.
will begin on the next payroll cycle after the	
For Institutional Advancement and University Payrol	l Office Use Only:
	Designatio Fund Account # Required(IA will provide fund)
account number for all designation(s) listed above)	
• • •	fice to deduct the amount indicated above in the manner and timefran I will notify the Office of Institutional Advancement in writing.
Signature:	Date
-	returned to the Office of Institutional Advancement.

www.vsu.edu/giving \displaygiving@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