



Thank You for Helping!

VTSHARES Campaign
Vermont State Employees
Making a Difference!

VTSHARES.Vermont.gov

Please choose which charity or charities you wish to receive your contribution.

CHARITY NO.	CHARITY NAME	AMOUNT
06-266	VT. CTE FA	260-
12-211	Judge Living CT. VT. Home Health Hospice	260-
	TOTAL	520-

I would like the agency/agencies to acknowledge my gift.

Total Gift \$: 520.00

Paid by: Payroll Deduction of \$ 20.00 each of 26 pay periods.

Cash \$ _____

Check \$ _____

I hereby authorize the State of Vermont to deduct the amount shown beginning with the first pay day in January.

Helping Others
 Signature

9/5/07
 Date

Please return directly to your department key person or solicitor.

Cash Check PRD

Amount \$: _____

Received from: _____

Date: _____

VTSHARES Key Person/Solicitor Signature _____

FORM 1000-V