

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
TOTAL		

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

Total Gift \$: _____

Paid by: Payroll Deduction of \$ _____
 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.

 Signature Date
 Please return directly to your department
 key person or solicitor.

Thank You for Helping!



www.VtSHARES.Vermont.gov

Received from: _____
 Date: _____ Amount \$: _____
 Cash Check PRD
 VtSHARES Key Person/Solicitor Signature
 V t S H A R E S

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