

VtSHARES Campaign
 Vermont State Employees
 Making a Difference!

www.VtSHARES.Vermont.gov

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

CHARITY NO. (Five digit code)	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.

One-time Payroll Deduction \$ _____
 first check in January

I would like the contributor gift (VtSHARES Pin)

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

_____ Date
 _____ Signature

Please return directly to your department
 key person or solicitor.

Thank You for Helping!



www.VtSHARES.Vermont.gov

Received from: _____

Date: _____ Amount \$: _____

PRD One-Time PRD

 VtSHARES Key Person/Solicitor Signature