

Employee Name

Employee ID

Employee Address

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.**

Signature

Date

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