

**BLUEFIELD STATE UNIVERSITY FOUNDATION, INC.
Payroll Deduction Program**

Your Information

Name: _____
(please print)

Address: _____

City _____ State _____ Zip _____

Phone Number: _____

E-Mail Address: _____

Payroll Deduction Information

I authorize **Bluefield State University** to deduct from my pay _____ every two weeks for _____ pay periods. My total annual gift is $\frac{\text{_____}}{\text{(per pay period)}} \times \frac{\text{_____}}{\text{(# of pay periods)}} = \frac{\text{_____}}{\text{(annual gift)}}$

*Start payroll deduction on _____ (mmddy) and end payroll deduction on _____ (mmddyyy).

Please designate my gift to be directed to the one or more of the following fund(s):

	W. Paul Cole, Jr. College of Business		Alumni Fund
	College of Education, Social Sciences and Humanities		BSC Hall of Fame
	College of Health Sciences		President's Discretionary Fund
	College of Science, Technology, Engineering & Math		Master Plan for Housing
	Annual Giving Fund (unrestricted)		William B. Robertson Library Fund
	Academic Affairs		Student Ambassadors
	Student Affairs		Robotics Club
	Athletics		Honors College
	Designated Sport:		Infrastructure
	Designated Area:		
	Other:		

(Signature)

(Date)

Your gift is tax deductible. You will be sent a Donation Statement at the end of the calendar year. Contact the Payroll Office with any questions regarding your deduction. Thank you in advance for your support of Bluefield State University. *Unless notified, your payroll deduction will begin the following payroll period of the date specified. Print, sign and send the original copy to the Payroll Office.