

BLUEFIELD STATE COLLEGE
Office of Institutional Advancement & Alumni Affairs
Payroll Deduction Program

Your Information

Name: _____
(please print)

Address: _____

City _____ State _____ Zip _____

Phone Number: _____

E-Mail Address: _____

Payroll Deduction Information

I authorize *Bluefield State College* 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 _____ (mmddyy) and end payroll deduction on _____ (mmddyyyy).

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

	School of Business		Alumni Fund
	School of Education, Social Sciences and Humanities		BSC Hall of Fame
	School of Nursing and Allied Health		B-State Fund (unrestricted)
	School of Science, Technology, Engineering & Math		Master Plan for Housing
	Annual Giving Fund (unrestricted)		William B. Robertson Library Fund
	Academic Affairs		Student Ambassadors (Provost's Office)
	Student Affairs		Robotics Club
	Designated Area:		Honors College
	Athletics		
	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 College. *Unless notified, your payroll deduction will begin the following payroll period of the date specified. Print, sign and send the original copy to the Office of Institutional Advancement and Alumni Affairs.