



THE UNIVERSITY OF NORTH CAROLINA  
GREENSBORO

### Faculty/Staff Payment/Pledge Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Banner ID: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_  
Office: \_\_\_\_\_

**Please designate my gift as follows:**

- Annual Fund  Spartan Excellence/Athletic
- School/Department/Program of Choice (please specify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

**Payment Method:**

1. **Outright Gift in the Amount of \$** \_\_\_\_\_
2. **Pay by Bank Draft:** *(Please give installment amount and attach voided check)*  
Total Gift Total: \$ \_\_\_\_\_ Installment Amount: \$ \_\_\_\_\_
3. **Pay by Credit Card:**  
Total Gift Amount: \$ \_\_\_\_\_  
Type of Credit Card  VISA  MasterCard  American Express  
*(Please check one)*  
Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_
4. **Payroll Deduction:**  
Total Gift Amount: \$ \_\_\_\_\_  
Gift per pay period: \$ \_\_\_\_\_ Begin Billing: \_\_\_\_\_ End Billing: \_\_\_\_\_
5. **Other Form of Payment:**  
*Please describe the method of payment, e.g., stock donation, etc.*  
\_\_\_\_\_
6. **Pledge in the amount of \$** \_\_\_\_\_ **To be paid by:** \_\_\_\_\_  
Please bill me  Monthly  Quarterly  Semi-Annually  Annually  
Amount to Bill: \$ \_\_\_\_\_ Beginning (Month/Year): \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pledge forms may be mailed to:**  
Advancement Services  
UNCG  
PO Box 26170  
Greensboro, NC 27402

**Please make checks payable to:**  
UNCG