



# Monthly Contribution Form

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_

### *Giving by Credit Card*

Please charge the account listed below for \$ \_\_\_\_\_ per month, beginning with the month of \_\_\_\_\_.  
My account will be charged on the 10<sup>th</sup> day of each month.

Visa       Mastercard       American Express

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Exact Name On Card \_\_\_\_\_

### *Giving by Bank Draft*

Please draft my account for \$ \_\_\_\_\_ per month beginning with the month of \_\_\_\_\_. Drafts will be issued by UNCG on the 10<sup>th</sup> day of each month. I have attached a voided check from the account to be charged.

This monthly charge/draft should be continued until further notice (which I will give to the UNCG Advancement Services Office, PO Box 26170, Greensboro, NC 27402-6170, 336-334-5644) or through the month of \_\_\_\_\_.

Please credit my contributions to: \_\_\_\_\_

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

**Pledge forms may be mailed to:**

**The UNCG Advancement Services Office  
 1100 W. Market Street  
 P.O. Box 26170  
 Greensboro, NC 27402-6170**