



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 10th 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 10th 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**