



UNCG Giving Commitment

*Advancement Services
PO Box 26170
Greensboro, NC 27402-6170
(336) 334-5644*

Mr./Mrs./Ms _____

Address _____
Address _____

will support UNCG with a gift of \$ _____

The gift should be used by the university to meet UNCG's paramount needs via the Chancellor's New Venture Fund.

The gift is to be used for a designated purpose.

- | | | |
|---|--|--|
| <input type="checkbox"/> Merit Awards Scholarship Program | <input type="checkbox"/> University Scholarships | <input type="checkbox"/> School or Academic Unit |
| <input type="checkbox"/> University Libraries | <input type="checkbox"/> UNCG Staff Senate Scholarship | Scholarship _____ |
| <input type="checkbox"/> Weatherspoon | <input type="checkbox"/> Alumni Association | Enrichment _____ |
| <input type="checkbox"/> Spartan Athletics | <input type="checkbox"/> The Graduate School | Other _____ |

This gift is in honor/memory of: _____

Please send acknowledgement to: Name: _____

Address: _____

Maximize your gift

Please initiate matching gift procedures as defined by your employer or call 1-800-373-5644 for more information.

The gift is to be paid as follows:

\$ _____ now (Checks should be made to the UNCG.)

\$ _____ pledged over _____ years according to the following:

Please bill me monthly quarterly semi-annually annually

Amount to bill: \$ _____ beginning (month/year): _____

Pay by bank draft.

Total gift amount: \$ _____ Installment amount \$ _____

Please provide installment amount and attach voided check. The drafts will be dated the 10th of each month.

Pay by credit card. (Rather than sending this information via US Mail, you may consider using our secure on line giving site at <http://donate.uncg.edu>.)

Total gift amount: \$ _____ Visa MasterCard American Express

Card number: _____ Exp. date _____

Signature _____ Date _____

Pay by stock gift. Please call the Advancement Services Office at 1-800-373-5644 for special handling instructions of this gift type.

UNCG is grateful for your support.