



**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.