



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, or through the month of _____.

Please credit my contributions to: _____

Signature: _____ Date: _____

Pledge forms may be mailed to:

UNCG Advancement Services
P.O. Box 26170
Greensboro, NC 27402-6170