Faculty/Staff Payment/Pledge Form

Name: __________________________________________________________________
Address: __________________________________________________________________
Banner ID: __________________________________________________________________

Telephone:  
Home: ___________________
Office: ___________________

Please designate my gift as follows:
[ ] Annual Fund  
[ ] Spartan Athletics Scholarship Fund  
[ ] School/Department/Program of Choice (please specify) ________________________
[ ] Other (please specify) __________________________________________________________

Payment Method:

1. **Outright Gift in the Amount of** $____________________________

2. **Pay by Bank Draft:**  
*(Please give installment amount and attach voided check)*  
Total Gift Total: $________________________ Installment Amount: $________________

3. **Pay by Credit Card:**  
Total Gift Amount: $________________________  
Type of Credit Card  
___ VISA  ___ MasterCard  ___ American Express  
*(Please check one)*  
Card Number: ___________________________  
Exp. Date: ___________  
Signature: ___________________________  
Date: _________________

4. **Payroll Deduction:**  
Total Gift Amount: $________________________  
Gift per pay period: $________ Begin Billing: ______________  
End Billing: _________________

5. **Other Form of Payment:**  
*Please describe the method of payment, e.g., stock donation, etc.*  
___________________________________________________________________________

6. **Pledge in the amount of** $ ______________________  
To be paid by:________________________  
Please bill me  
_____ Monthly  ____ Quarterly  ____ Semi-Annually  ____ Annually  
Amount to Bill: $______________________  
Beginning (Month/Year):________________________

Signature: ___________________________  
Date: ___________________________

Pledge forms may be mailed to:  
UNCG Advancement Services  
PO Box 26170  
Greensboro, NC 27402