



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:

Please make checks payable to:
UNCG

**UNCG Advancement Services
PO Box 26170
Greensboro, NC 27402**