Faculty/Staff Payment/Pledge Form

Name: ____________________________________________

Address: ____________________________________________

Telephone: Home: __________________
Office: __________________

Please designate my gift as follows:
[ ] Annual Fund [ ] Spartan Excellence/Athletic
[ ] 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: $____________________
   Start month__________________________ (Bank drafts are processed on 10th of each month)

3. Pay by Credit Card: Go to https://advancement.uncg.edu/giving/

4. Payroll Deduction:
   Total Gift Amount: $________________________
   Amount 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:
Advancement Operations
UNCG
PO Box 26170
Greensboro, NC 27402

Please make checks payable to:
UNCG Excellence Foundation