



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