



## Pledge / Gift Agreement

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_  
Telephone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### Please designate my gift as follows:

- Annual Fund     Spartan Excellence / Athletics  
 School/Department/Program of Choice (please specify) \_\_\_\_\_  
 Other: \_\_\_\_\_

### Method of Giving

1. **Check in the Amount of \$** \_\_\_\_\_ (payable to UNC Greensboro)

2. **Bank Draft:** *(Please provide installment amount, and attach voided check)*  
Total Amount: \$ \_\_\_\_\_ Installment Amount \$ \_\_\_\_\_ # of Installments: \_\_\_\_\_  
*(Please note: funds will be drafted the 10<sup>th</sup> of each month)*

3. **Credit Card:**  
Total Amount: \$ \_\_\_\_\_ Installment Amount \$ \_\_\_\_\_ # of Installments: \_\_\_\_\_  
Type of Credit Card     VISA     MasterCard     American Express  
Payment Start Date: \_\_\_\_\_ *(Credit cards are processed on 10<sup>th</sup> or 25<sup>th</sup> of each month)*

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. **Other:**  
*Please describe the method of payment, e.g., stock donation, etc.*  
\_\_\_\_\_

5. **Pledge in the amount of \$** \_\_\_\_\_ **To be Paid by:** \_\_\_\_\_  
Please remind me  Monthly  Quarterly  Semi-Annually  Annually  
Amount of installment: \$ \_\_\_\_\_ Beginning (Month/Year): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Mail Agreement to:**  
**Advancement Operations**  
**UNCG**  
**PO Box 26170**  
**Greensboro, NC 27402**