

Pledge / Gift Agreement

Name:						
Address:						
Email: Telephoi	ne: Home:	Cell:		Work:	Work:	
[] Annua [] Schoo	esignate my gift as follo al Fund [] Spartan Ex ol/Department/Program	cellence / Athlet of Choice (pleas	e specify)			
Method	of Giving					
	Check in the Amount o	f\$		(payable to UNC Greer	nsboro)	
2.	Total Amount: \$	ank Draft: (Please provide installment amount, and attach voided check) otal Amount: \$ Installment Amount \$ # of Installments: clease note: funds will be drafted the 10 th of each month)				
3.	Credit Card: Go to https	Card: Go to https://advancement.uncg.edu/giving/				
4.	Other: <i>Please describe the met</i>	describe the method of payment, e.g., stock donation, etc.				
5.	Pledge in the amount o	f\$	To be l	Paid by:		
	Please remind me Amount of installment:					
Signature:				Date:		
		Advancer PO	<u>il Agreement to</u> nent Operation UNCG Box 26170 oro, NC 27402			