



# UNCG Pledge/Payment Form



Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Banner ID (office use only) \_\_\_\_\_

**Total Gift Amount:** \$ \_\_\_\_\_ **Fund Designation:** \_\_\_\_\_

**Important Note:** Total Gift Amount can be paid all at once or in payments made over the course of the fiscal year - July 1 – June 30. Please indicate your preferred method of payment and time table below, then sign and date the form at the bottom. Thank you.

## Methods of Payment

Please check one

Credit Card

Please circle one:    **Visa**        **Master Card**        **American Express**

Name on Card \_\_\_\_\_

Zip Code for credit card billing address \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Time Table: (circle one)    **One Payment**    **Monthly**    **Quarterly**    **Semi-Annually**    **Annually**

Amount to be charged per period \_\_\_\_\_

Begin billing (mo/yr) \_\_\_\_\_

End billing (mo/yr) \_\_\_\_\_

Personal Check Please make payable to **UNCG Spartan Club** and return with pledge form.

Time Table: (circle one)    **One Payment**    **Monthly**    **Quarterly**    **Semi-Annually**    **Annually**

Amount of check per period circled \_\_\_\_\_

Begin billing (mo/yr) \_\_\_\_\_

End billing (mo/yr) \_\_\_\_\_

Bank Draft Please attach a **VOIDED** check

Time Table:    **Monthly**

Amount to be drafted per month \_\_\_\_\_

Begin billing (mo/yr) \_\_\_\_\_

End billing (mo/yr) \_\_\_\_\_

I wish to waive my benefits so my gift will be a 100% tax deduction.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date