

THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE – Payroll Deduction Form

I have chosen to make a pledge through the UNCP payroll deduction plan using the following option (check one):

_____ **Option One:**

The total amount of this pledge is \$_____. This pledge will be fulfilled over a period of _____ months at \$_____ per month beginning _____ and ending _____.

_____ **Option Two :**

A monthly payment will be provided indefinitely at \$_____ per month beginning _____ for a total annual pledge of \$_____ and a total pledge amount of \$_____ (calculating using 10 years). After a period of ten years, you will be contacted to determine if you choose to continue this pledge.

I hereby authorize The University of North Carolina at Pembroke to deduct from my wages the monthly amount shown and to make monthly payments of this amount to the UNCP Foundation, Inc.

Signature: _____

Date: _____

Banner ID Number (if known): _____

(See reverse side)

**UNCP Office of Advancement ~ P. O. Box 1510 ~ Suite 438, Lumbee Hall ~ Pembroke, NC 28372
1-800-949-8627 ext. 6252 ~ advancement@uncp.edu**

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I designate my pledge to the following:

- _____ **UNCP Institutional Fund**
- _____ College of Arts & Sciences
- _____ School of Business
- _____ School of Education
- _____ School of Graduate Studies
- _____ Program/Department (please specify name)
- _____

- _____ Friends of the Library
- _____ Givens Performing Arts Center
- _____ Athletics (please specify sport) _____
- _____ Maynor Honors College
- _____ Scholarship (please specify name)
- _____
- _____ Other (please specify)
- _____

For additional giving options, please contact the Advancement Office.

Name (Printed - As you would like to be recognized): _____ Date: _____

Address: _____ Phone: _____

E-mail address (this information will not be shared): _____

Thank You for Your Generous Support!