

THE UNIVERSITY OF NORTH CAROLINA AT PEMBROKE – Gift and Pledge Card

___ I have enclosed a gift of \$ _____. (See payment options)
___ I pledge a one-time gift of \$ _____ and I am requesting to be billed in the month of _____, 20___.
___ I pledge a multi-year gift totaling \$ _____ and will pay in-full within five years at \$ _____ per year.
___ The first payment of \$ _____ is enclosed.
___ Please bill me annually for \$ _____ beginning _____, 20__ and ending _____, 20_____.

PAYMENT OPTIONS

___ Check enclosed.
___ Please bill my ___ VISA ___ MASTER CARD for \$ _____ in the month of _____, 20___.
Card #: _____ - _____ - _____ - _____ Expiration Date: ____/____
Card Holder's Name: _____ Card Holder's Signature: _____

(See reverse side)

UNCP Office of Advancement ~ P. O. Box 1510 ~ Lindsey Administration Building ~ 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 (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!

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