

# Family & Consumer Sciences

**FOUNDATION NC State University**

*I accept the invitation to support the  
North Carolina Extension Association of Family and Consumer Sciences  
Ada Dalla Pozza Professional Development Award  
through the North Carolina Family and Consumer Sciences Foundation*

## Pledge Intention Form

MY TOTAL GIFT AMOUNT WILL BE:

\_\_\_ \$25 \_\_\_ \$50 \_\_\_ \$75 \_\_\_ \$100 \_\_\_ \$250 \_\_\_ \$500 \_\_\_ \$1,000 \_\_\_ \$2,500  
\_\_\_ \$5,000 \$ \_\_\_ Other

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

- A check for the total amount of \$ \_\_\_\_\_ is enclosed.
- I would like to charge my entire gift amount. Visa \_\_\_ Mastercard \_\_\_ Expires \_\_\_\_\_  
Card Number: \_\_\_\_\_ Name on Card: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_
- A check for \$ \_\_\_\_\_ as my first payment is enclosed. A balance of \$ \_\_\_\_\_  
remains on my pledge and will be paid in equal annual installments over the next  
\_\_\_(1-5) years.

Please make checks payable to the NC Family and Consumer Science Foundation (on the "for" line, please write *NCEAFCS Ada Dalla Pozza Professional Development Award*--- Tax ID #56-6049304

(You will receive an official receipt for your contribution and a pledge reminder if you have chosen that option).  
Send to: NC Family and Consumer Sciences Foundation, NCSU Box 7645, Raleigh, NC 27695-7645.

If you have any questions, please call Crystal Green, Foundation Bookkeeper at 919-513-0136 or email  
Maurene Rickards at maurene\_rickards@ncsu.edu.

**THANK YOU!**

# Family & Consumer Sciences

FOUNDATION NC State University

**Yes!** I want to support the NC Extension Association of Family and Consumer Sciences

Ada Dalla Pozza Professional Development Award  
through the NC Family and Consumer Sciences Foundation

## Bank Draft/Payroll Deduction Form

Please type or print clearly and return with completed Pledge Intention Form

Name \_\_\_\_\_

**I am marking the NC State University Payroll Deduction Form for Faculty and Staff below. Each month for the next \_\_\_year, \$\_\_\_\_\_ (\$10 min.) will be deducted from my checking account.**

Full Name: \_\_\_\_\_

Employee ID Number \_\_\_\_\_

(Please look on your pay stub for the correct number. It is located in the center section of the stub and to the right of your name)

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

University Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Extension Phone: \_\_\_\_\_

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

Pay Period: Bi-weekly \_\_\_\_\_ Monthly \_\_\_\_\_

for office use only: ID# \_\_\_\_\_

Org. Code \_\_\_\_\_ Acct. # \_\_\_\_\_

Technique Code \_\_\_\_\_

I authorize the University Payroll Office to deduct the amount indicated above from my pay each month for a period of one year. My total pledge is \$\_\_\_\_\_. I understand that I may amend or cancel this authorization by written notice to the University Advancement Gifts Processing Office (changes received after the tenth of a month will be effective the next month).

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

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**THANK YOU!**