

Family & Consumer Sciences

FOUNDATION NC State University

*I accept the invitation to support the
North Carolina Extension Association of Family and Consumer Sciences
Annual Conference Endowment Fund
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 Annual Conference Endowment Fund* --- 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 Annual Conference
Endowment Fund 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: _____

Please make checks payable to the NC Family and Consumer Science Foundation (on the "for" line, please write *NCEAFCS Annual Conference Endowment Fund* --- Tax ID #56-6049304

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