

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____.

____ Please charge my credit card as above on a recurring basis: ____ Monthly ____ Quarterly ____ Bi-Annually ____ Annually

Card #: _____ - _____ - _____ - _____ Expiration Date: ____/____/____

Card Holder's Name: _____ Card Holder's Signature: _____

Please note, online giving is available at www.uncp.edu/give

(See reverse side)

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

I designate my pledge to the following:

☐ **The Arrowhead Scholarship**

☐ 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!

UNCP Office of Advancement ~ P. O. Box 1510 ~ Lindsay Hall ~ Pembroke, NC 28372

1-800-949-8627 ext. 6252 ~ advancement@uncp.edu

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