THE UNIVERSITY OF NOI	RTH CAROLINA AT	PEMBROKE – Gift and	d 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		, 20
I pledge a multi-year gift totaling \$	and will pay ir	n-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 0	CARD for \$	in the month of	20
Please charge my credit card as above		_ / • /	
Card #:	100/		Aimdany
Card Holder's Name:		<del></del>	
Please note, online giving is available at www.uncp.edu	/give	3 Signature.	<del></del>
	(See reverse si	de)	
THE UNIVERSITY OF NOI	·		d Pledge Card
	RTH CAROLINA AT		d Pledge Card
THE UNIVERSITY OF NOTI have enclosed a gift of \$ I pledge a one-time gift of \$	RTH CAROLINA AT	PEMBROKE – Gift and	Ü
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I have enclosed a gift of \$I pledge a one-time gift of \$I pledge a multi-year gift totaling \$ The first payment of \$ Please bill me annually for \$  PAYMENT OPTIONS	(See payment options) and I am requesting to and will pay ir is enclosed. beginning	PEMBROKE - Gift and be billed in the month of	, 20 per year. , 20
I have enclosed a gift of \$  I pledge a one-time gift of \$  I pledge a multi-year gift totaling \$  The first payment of \$  Please bill me annually for \$  PAYMENT OPTIONS  Check enclosed.	(See payment options) _ and I am requesting to _ and will pay ir is enclosed beginning	be billed in the month of n-full within five years at \$ , 20 and ending in the month of	, 20 per year, 20
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(See reverse side)

THE UNIVERSITY OF NORTH CAROLINA	AT PEMBROKE – Gift and Pledge Card	
I designate my pledge to the following:		
	Friends of the Library	
The Arrowhead Scholarship	Givens Performing Arts Center	
College of Arts & Sciences	Athletics (please specify sport)	
School of Business	Maynor Honors College	
School of Education	Scholarship (please specify name)	
School of Graduate Studies	Others ( )	
Program/Department (please specify name)	Other (please specify)	
For additional giving options, please o	contact the Advancement Office	
Name (As you would like to be recognized):		
Address:	Phone:	
E-mail address (this information will not be shared):		
<b>Thank You for Your</b> (UNCP Office of Advancement ~ P. O. Box 15 1-800-949-8627 ext. 6252 ~ a	10 ~ Lindsay Hall ~ Pembroke, NC 28372	
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I designate my pledge to the following:		

Friends of the Library The Arrowhead Scholarship Givens Performing Arts Center College of Arts & Sciences Athletics (please specify sport) School of Business Maynor Honors College School of Education Scholarship (please specify name) School of Graduate Studies Program/Department (please specify name) Other (please specify) For additional giving options, please contact the Advancement Office. Name (As you would like to be recognized): Date: Phone: Address: \_ E-mail address (this information will not be shared): Thank You for Your Generous Support!

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