



**The UNCG Students First Campaign Giving Commitment – Faculty and Staff**

*Advancement Services  
PO Box 26170  
Greensboro, NC 27402-6170  
(336) 334-5644*

Mr.  Mrs.  Ms.  Dr. \_\_\_\_\_  
*(full name/s)*

Street or PO Box: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_

I wish to make my gift anonymously.

*UNCG is grateful for your support of the Students First Campaign.*

I will support the Students First Campaign with a gift of \$ \_\_\_\_\_

The gift should be used by the university to meet UNCG’s paramount needs via the Chancellor’s New Venture Fund.

The gift is to be used for a designated purpose:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Merit Awards Scholarship Program | <input type="checkbox"/> Aycock Auditorium Renovation   | <input type="checkbox"/> School or Academic Unit |
| <input type="checkbox"/> University Libraries             | <input type="checkbox"/> UNCG Staff Council Scholarship | Scholarship _____                                |
| <input type="checkbox"/> Weatherspoon Art Museum          | <input type="checkbox"/> Employee Enrichment Fund       | Enrichment _____                                 |
| <input type="checkbox"/> Spartan Athletics                | <input type="checkbox"/> Emergency Loan Fund            | Other _____                                      |

This gift is in honor/memory of: \_\_\_\_\_

Please send acknowledgement to: Name: \_\_\_\_\_

Street or PO Box: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

**The gift is to be paid as follows:**

\$ \_\_\_\_\_ now (Checks should be made to the UNCG Excellence Foundation.)

\$ \_\_\_\_\_ pledged over \_\_\_\_\_ years according to the following:

Please bill me  monthly  quarterly  semi-annually  annually

Amount to bill: \_\_\_\_\_ beginning \_\_\_\_\_ / \_\_\_\_\_ (month/year)

Please payroll deduct me monthly \$ \_\_\_\_\_ (Minimum of \$5 per pay period.)

Begin deduction (month/year) \_\_\_\_\_ / \_\_\_\_\_ End deduction (month/year) \_\_\_\_\_ / \_\_\_\_\_ (Minimum 6 months.)

**Pay by bank draft:**

Total gift amount: \$ \_\_\_\_\_ Installment Amount \$ \_\_\_\_\_

Please attach a voided check. The drafts will be dated the 10th of each month.

**Pay by credit card:** (Rather than mailing this information, you may consider secure online giving at <http://giveto.uncg.edu/>.)

Total gift amount: \$ \_\_\_\_\_  Visa  MasterCard  American Express

Card number: \_\_\_\_\_

**Other form of gift:**

Please describe the method of giving, e.g. stock donation, securities, in-kind gift, real estate and/or personal property. We will contact you for special handling instructions. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(required)* *(required)*