North Carolina A&T State University
Gift Form

1601 E. Market Street
Greensboro NC 27411
336.334.7600
pbrown@ncat.edu

Mr/Mrs/MS First Mid. Last

Street City State Zip

Are you an A&T alumnus(a)? □Yes □No If yes, _____
Class Year Degree Major

I support A&T with a gift of $ _____ □Check/Cash (attached)

Designation_____

CREDIT CARD

_____ _____ □MasterCard □Visa
Account Number Expiration Date □Discover □AMEX

PAYROLL DEDUCTION (EMPLOYEES ONLY)

I authorize a payroll deduction to the NC A&T University Foundation as stated below (social security number and signature are required).

A lump sum one-time deduction of $_____

Or
Continue my monthly contribution of $ _____ □Until written notification **OR** □Until _____
Specify Date

Payroll Period
□ Monthly (12 months) □ Monthly (9 months)

BANK DRAFT

I authorize NC A&T Univ. Foundation to charge my bank account for a gift of ($10.00 minimum)
$ _____ monthly. I have enclosed a voided check that contains my bank information.

Draft Dates (Please check one)
□1st □ 5th □ 15th □ 23rd □ 29th

Required for all Credit Cards, Bank Drafts and Payroll Deductions

_____ _____ _____
Social Security Number Signature Date

___ Annual Giving ____ Payroll ____ NC A&T University Foundation _____ Advancement Services

Please make check payable to the North Carolina A&T University Foundation and mail to North Carolina A & T State University, Development Operations, 1601 E. Market Street, Greensboro, NC 27411.

Tidewater Chapter