NCCU FOUNDATION
NORTH CAROLINA CENTRAL UNIVERSITY

Gift Form

Thank you for choosing to support public higher education!

❑ **Option 1: Monthly, Automatic Bank or Credit Card Withdrawal.**
Complete the attached Automatic Withdrawal Form.

❑ **Option 2: Enclosed is My Personal Check or Money Order For $_____.**

Make your check payable to: NCCU Foundation, Inc.

Direct my gift to:

❑ Annual Fund ❑ Other: _____

❑ Scholarships

❑ **Option 3: Make a One-Time Charge to My Credit Card For $_____.**

_____
Name as it Appears on the Card (Please Print)

❑ Visa ❑ MasterCard ❑ American Express ❑ Discover

_____ /_____/_____
Card No. Expiry Date CVV2 Code

_____
Signature

Direct my gift to:

❑ Annual Fund ❑ Other: _____

❑ Scholarships

❑ **My company will match my gift!**

Mail this form to: NCCU Foundation, Inc
P.O. Box 52466
Durham, NC 27717

Questions? Call 919-530-6731 or 530-7397.

Revised 07/16/12

NCCU FOUNDATION
NORTH CAROLINA CENTRAL UNIVERSITY

Automatic Withdrawal Form

I hereby authorize the North Carolina Central University Foundation Inc. to withdraw funds from my ❑ **Checking/Savings Account** or my ❑**Credit Card**. The authority will remain in effect until NCCU Foundation Inc. is notified by me in writing to cancel it. The NCCU Foundation Inc. requires at least 10 days notice to prevent the next scheduled withdrawal.

Checking/Savings Account Withdrawal

_____
Name on Checking/ Savings Account (Please Print)

_____
Street Address

_____
City State Zip

_____
Name of Financial Institution (Please Print)

_____
Branch Address

_____
City State Zip

PLEASE ATTACH A VOIDED CHECK

Should you wish to direct your gift to a particular purpose, complete the bottom-right portion of this form.

Mail the completed form with a voided check to:

NCCU Foundation, Inc
PO Box 52466
Durham, NC 27717

Questions? Call 919-530-6731 or 919-530-7397.

$_____per month _____
Amount (minimum $25 per month) Signature

❑ Withdrawn on the First of the Month **OR**

❑ Withdrawn on the 20th Day of the Month

(An administrative fee of $5 will be assessed on the first draft.)

JOHN OR JANE DOE
1 EAGLE LANE
EAGLETOWN, N.C. 27707

141

DATE_____

Pay to the Order of_____ $

_____ Dollars

No.1 No.2

⑆ 991623481 ⑆ 930157297 3 ⑈ 0141 ⑈

_____
Routing No.
(No.1 in the illustration above.)
(Nine digits enclosed with ⑆.)

_____
Account No.
(No. 2 in the illustration above.)
(Number order may be reversed.)

Credit Card Withdrawal

_____
Name as it Appears on the Card (Please Print)

$_____per month _____
Amount (minimum $10 per month) Signature

❑ Visa ❑ MasterCard ❑ American Express ❑ Discover

_____ /_____/_____
Card No. Expiry Date CVV2 Code

Should you wish to direct your gift to a particular purpose, complete the portion of this form to the right.

Questions? Call 919-530-6731 or 919-530-7397.

Direct my gift to:

❑ Annual Fund ❑ Scholarships

❑ Other: _____

_____

Revised 07/16/12