



WNCU PLEDGE FORM

Date: _____ Time: _____ AM / PM (Type of Donation: Circle One Below)

Pledge Amount \$ _____ Pledge Level: _____ New Renewal Sustainer Additional

Section I. Donor's Information

___ Mr. ___ Ms. ___ Mrs. ___ Dr. ___ Rev. ___ Attorney

First Name: _____ Last Name: _____

Street Address: _____ City _____ State _____ Zip _____

Phone Number: Daytime: _____ Evening: _____

Email Address: (Optional) _____

Section II. Payment Options

Check or Money Order (Please make payable to):

WNCU Membership Dept.
P.O. Box 19875
Durham NC 27707

Credit/Debit Card: ___ VISA ___ Master Card ___ Discover ___ American Express ___ Payroll Deduction

Account No. ---

Expiration Date: - Credit Card Security Code: (On front/back of card)

Name on Card: (if different from above) First _____ Last _____

Installment Plan: Number of Installments _____ Amount of Monthly Installment \$ _____

Is your company part of a Matching Gift Program? Yes No Maybe*

*If maybe, please check with your Human Resources Department. Double your donation with your pledge today!

Section III. Thank You Gift Information

Do you want the offered premium for your donation? ___ Yes ___ No

Special Incentive(s) associated with this pledge (if applicable): _____

Select Shirt Size (if applicable): ___ Med ___ Large ___ XL ___ 2XL ___ 3XL

Select CD Music Genre (if applicable): ___ Jazz ___ Gospel ___ Oldies ___ Funk ___ Reggae ___ Other (specify) _____

Notes: _____

Staff/Volunteer Name: _____