

*Bill Fike Teaching Garden Endowment
at NC State University*

Gift Intention Form

I wish to support the Bill Fike Teaching Garden Endowment.

MY TOTAL GIFT AMOUNT WILL BE: \$ _____.

A check for the total amount of \$ _____ is enclosed.

Please charge my entire gift amount to:

__ American Express __ Discover __ Visa __ Mastercard Expiration _____ Name on
card _____ Card Number _____
Signature _____

A check for \$ _____ as my first payment is enclosed. A balance of \$ _____ remains on
my pledge and will be paid in equal annual installments over the next ____ (1-5) years.

I have completed the Payroll Deduction/Bank Draft Authorization Form. Each month for
the next ____ (1-5) years, \$ _____ will be deducted.

This is a company pledge. Company Name _____

I am interested in learning about other ways of supporting the Turfgrass Programs at NC
State. Please send me information on gift planning.

(Print) Name _____

Employer (many match gifts!) _____

Phone _____ (day) _____ (eve) FAX _____

Email _____ Website: _____

Address _____

Please make checks payable to the Bill Fike Teaching Garden Endowment (you will receive an official receipt for your
contribution and pledge payments).

Send to: NC Agricultural Foundation, NC State Box 7645, Raleigh, NC 27695. (FAX: 919-515-5274)

If you have any questions or require additional information, please call
Chris Cammarene-Wessel at 919-515-7678 (email chris_wessel@ncsu.edu).

**Bill Fike Teaching Garden Endowment
at NC State University**

Bank Draft/Payroll Deduction Form

Please type or print clearly and
return with completed Gift Intention Form.

Full Name: _____

I wish to make the following contribution in support of the Bill Fike Teaching Garden Endowment as indicated on the completed Gift Intention Form on the reverse. I understand that the total designated amount will be deducted each month for a period of ____ years (1-5).

My total contribution amount will be \$_____.

\$500____ \$450____ \$400____ \$350____ \$300____ \$250____ \$200____ \$150____
\$100____ \$75____ \$50____ \$25____ \$10____ Other \$____(must be greater than \$10)

Form must be received by the third business day of the month in which you wish the deduction to be effective.

Signature: _____ Date: _____

NC State Employees Only (Payroll Deduction):

Human Resources ID #: _____

Job Title: _____ Phone: _____ Department: _____

Campus Address: _____ Payroll Frequency: __Bi-Monthly __Monthly

Home Address and Phone: _____

Non-NC State Employees (Bank Draft):

Social Security #: _____

Home Address and Phone: _____

Financial Institution: _____ Account Number: _____

Please attach a voided check or deposit slip with your account number on it.

for office use only : ID# _____ Add. Change? _____ Advance Acct. # _____
