

Yes! I want to be part of the Richard T. Liles Retirement Celebration and help establish a Leadership Seminar Fund in his honor.

**Bank Draft/Payroll Deduction Form**

Type/print clearly and return with completed Gift Intention Form.

Full Name: \_\_\_\_\_  
(For Bank Draft) Social Security #: \_\_\_\_\_  
(For Payroll Deduction) HR ID #: \_\_\_\_\_

I wish to make the following contribution in support of the NC Cooperative Extension Service Foundation's Richard T. Liles Leadership Seminar Fund as indicated on the completed Gift Intention Form I have enclosed. My total contribution amount will be \$\_\_\_\_\_.

I understand that the total designated amount will be deducted each month for a period of \_\_\_ years (1-5).

\$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: \_\_\_\_\_

Home Address and Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NC State Employees Only (Payroll Deduction):**

Title: \_\_\_\_\_ Phone: \_\_\_\_\_ Dept: \_\_\_\_\_  
Address: \_\_\_\_\_  
Payroll Frequency: \_\_Bi-Monthly \_\_Monthly

**Non-NC State Employees (Bank Draft):**

Financial Institution: \_\_\_\_\_  
Account Number: \_\_\_\_\_

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

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