

*I want to help establish the endowment honoring
Charles and Brenda Evans Lytle.*

Gift Intention Form

My Total Gift Amount Will Be: \$_____.

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

___ I would like to charge my entire gift amount.

___ AmEx ___ Discover ___ Visa ___ Mastercard

Name on Card: _____ Expiration Date: _____

Card #: _____ 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 am enclosing a completed Payroll Deduction/Bank Draft Authorization Form. Each month for the next ___ (1-5) year(s) \$_____ (\$10 min.) will be deducted.

___ I am interested in learning more about establishing named endowments. Please call me during the ___ day ___ evening.

(Print)

Name _____

Phone _____ (Day) _____ (Eve.)

FAX _____ Email _____

Website: _____

Address (campus/home) _____

Please make checks payable to Lytle Endowment
(you will receive an official receipt for your contribution,
and pledge reminders if you have chosen that option).

Send to: NC Agricultural Foundation, NCSU Box 7645, Raleigh, NC 27695.

Or, you may fax your forms to 919-515-5274.

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

Charles and Brenda Evans Lytle Endowment
NC State University College of Agriculture and Life Sciences
Payroll Deduction/Bank Draft Authorization Form
Please Type or Print Clearly

Full Name: _____

Home Address: _____

Work Phone: _____ Home Phone: _____

For Payroll Deduction (NC State Employees Only):

Human Resources ID #: _____

Job Title: _____

Department: _____

Campus Address: _____

Pay Period: Bi-weekly _____ Monthly _____

For Automatic Bank Draft (Non-NC State Employees Only):

Social Security #: _____

Financial Institution: _____

Account #: _____

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM.

Everyone Must Complete The Following:

I wish to make the following contribution in support of the Charles F. Lytle and Brenda S. Evans Endowment. I understand that the total designated amount will be deducted from my pay each month.

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

I authorize the deduction of the amount indicated above each month for a period of _____ year(s) (up to five). My total pledge is \$_____. (A completed Gift Intention Form is attached.)

I understand that I may amend or cancel this authorization by written notice (changes received after the tenth of the month will be effective the next month).

Signature: _____ Date: _____

for office use only : ID# _____ Org Code 936-AG
Advance Acct. # _____ Tech Code 6