

# I/We wish to support the Paul Elam McCarthy Memorial Scholarship Endowment

## Gift Intention Form

MY TOTAL GIFT AMOUNT WILL BE: \$\_\_\_\_\_.

This is a corporate gift. Company name \_\_\_\_\_

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

I/We would like to charge the entire gift.

Card Type:  American Express  Discover  Mastercard  Visa

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

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

I/We have completed the Bank Draft/Payroll Deduction Form on the reverse. Each month for the next \_\_\_\_ (1-5) year(s) \$\_\_\_\_\_ (\$10 minimum) will be deducted.

(Print) Name(s) \_\_\_\_\_

Phone \_\_\_\_\_ (Day) \_\_\_\_\_ (Eve.) FAX \_\_\_\_\_

Email \_\_\_\_\_

Website \_\_\_\_\_

Address \_\_\_\_\_

Employer (many match gifts to NC State!) \_\_\_\_\_

Please make checks payable to: Paul McCarthy Scholarship Endowment.

TAX ID 56-6049304

You will receive an official receipt for your contribution and reminders if you have made a pledge.

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

If you have questions or need more information, please call Chris Wessel at 919-515-7678  
(chris\_wessel@ncsu.edu).

**PAUL ELAM MCARTHY MEMORIAL  
SCHOLARSHIP ENDOWMENT  
BANK DRAFT/PAYROLL DEDUCTION FORM**

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

Full Name(s): \_\_\_\_\_

My total contribution amount will be \$\_\_\_\_\_.

I understand that the amount designated below 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)

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

Payroll Frequency: \_\_Bi-Monthly \_\_Monthly

**Non-NC State Employees Only (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.