

Yes! I want to support the
Nina S. Allen Plant Biology Graduate Student Research Award Endowment.

Gift/Pledge Intention Form

MY TOTAL GIFT AMOUNT WILL BE: \$_____.

__This is a company gift. Please recognize (Company Name)_____

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

__Charge my entire gift amount to: __AmEx __Discover __MC __Visa Expiration___/___

Card Number_____

Signature_____ Name on card_____

PLEDGE OPTIONS:

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

__Charge my first payment of \$_____. A balance of \$_____ remains on my pledge and will be paid in equal __annual __quarterly __monthly installments over the next __ (1-5) years.

__AmEx __Discover __MC __Visa Expiration___/___ Card Number_____

Signature_____ Name on card_____

(with this option, you will be given the opportunity to charge your subsequent payments to this or another card, or pay with a check or other cash vehicle)

__A completed Payroll Deduction (NC State employees only)/Bank Draft (non-NC State employees) Authorization Form is enclosed. Each month for the next __ (1-5) years, \$_____ (\$10 minimum) will be deducted.

(Print) Name_____

Employer (many match gifts!)_____ Title_____

Phone_____ (day)_____ (home, if different) FAX_____

Email_____ Website:_____

Address_____

__I am interested in learning about the many benefits of charitable giving through estate planning.

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

Send to: NC Agricultural Foundation, NC State University 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 (chris_wessel@ncsu.edu).

NC Ag Foundation Tax ID 56-6049304.

Yes! I want to support the
Nina S. Allen Plant Biology Graduate Student Research Award Endowment.

Bank Draft/Payroll Deduction Form

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

Full Name: _____

I wish to make the following contribution in support of the Nina S. Allen Endowment as indicated on the completed Pledge Intention Form. My total contribution amount will be \$_____.

I understand that the total amount designated below will be deducted each month for a period of ____ years (1-5) or ____ months (5-11).

\$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: _____ 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. #_____