

Gift/Pledge Intention Form

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.

Please charge \$\_\_\_\_\_ as a first payment on my pledge to my:

\_\_ American Express \_\_ Discover \_\_ Visa \_\_ MasterCard      Expiration \_\_\_\_\_

Name on card \_\_\_\_\_ Card Number \_\_\_\_\_

Signature \_\_\_\_\_

I will complete this pledge through (specify number and type of installments):

(1-59) \_\_ monthly (1-19) \_\_ quarterly (1-4) \_\_ annual payments. Please send me reminders so I will have the option of paying by credit card or check.

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 College of Agriculture and Life Sciences 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 John Richardson 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](mailto:chris_wessel@ncsu.edu)). Tax ID 56-6049304

*Dr. John G. Richardson International Study Experience Award Endowment at NC State*

**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 John Richardson Endowment as indicated on the completed Gift/Pledge 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.**

<b>for office use only : ID# _____ Add. Change? _____ Advance Acct. # _____</b>
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