

Yes! I want to support the  
Roger L. McCraw Animal Science Scholarship 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 Roger McCraw Scholarship 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  
Roger L. McCraw Animal Science Scholarship 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 Roger McCraw Scholarship 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. #\_\_\_\_\_**