

As a supporter of Family and Consumer Science programs within the North Carolina Cooperative Extension, I am proud to join the **FOUNDING CIRCLE OF FRIENDS**

You can join the **FOUNDING CIRCLE OF FRIENDS** by making a minimum contribution of \$100 over the next four years to support FCS programs and the educators who deliver these innovative programs

PLEDGE INTENTION FORM

\$100 - \$999	Founding Circle of Friendship	(minimum of \$25 per yr)
\$1000 - \$9,999	Founding Circle of Commitment	(minimum of \$250 per yr)
\$10,000 and above	Founding Circle of Patrons	(minimum of \$2,500 per yr)

MY TOTAL GIFT AMOUNT WILL BE:

\$25 \$50 \$75 \$100 \$200 \$500 \$_____ Other

Name _____

Address _____

Phone _____ Email _____

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

I would like to charge my entire gift amount. Visa Mastercard
Expires _____

Card Number: _____ Name on Card: _____

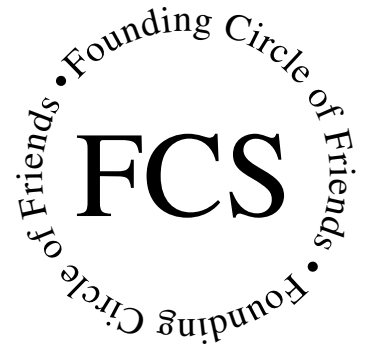
Signature _____ Date _____

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 Bank Draft/Payroll Deduction Authorization Form (on back). Each month for the next _____ (1-5) years, \$_____ (\$10 min.) will be deducted from my checking account.

Family & Consumer Sciences

FOUNDATION



CONTRIBUTIONS ARE TAX DEDUCTIBLE
Tax ID #56-6049304

Please **make checks payable to** the NC Family and Consumer Sciences Foundation (you will receive an official receipt for your contribution, and a pledge reminder if you have chosen that option).

Send to:

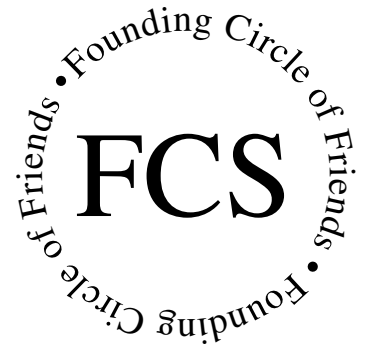
NC Family and Consumer Sciences Foundation, NCSU Box 7645, Raleigh, NC 27695-7645.

If we may help you with **additional information, please contact:**

Maurene Rickards

336.655.6954

maurene_rickards@ncsu.edu.



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 NCFCS Foundation. 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)

Forms must be received by the third business day of the month in which you wish the form 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 enclose a voided check or deposit slip with your account number on it.

FOR OFFICE USE ONLY:

ID # _____ Address Change? _____ Account # _____ Tech Code 6