

*Yes! I want to support the*  
Thomas J. and Virginia S. Monaco Horticultural Science  
Graduate Fellowship Endowment for Diversity

**BANK DRAFT/PAYROLL DEDUCTION FORM**

Please type or print clearly and  
return with reverse completed.

Full Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

I wish to make the following contribution in support of the Monaco Fellowship Endowment. 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:**

Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Department: \_\_\_\_\_

Campus Address: \_\_\_\_\_

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

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

**Non-NC State Employees Only:**

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

Financial Institution: \_\_\_\_\_

Account Number: \_\_\_\_\_

**Please attach below a preprinted checking or savings account deposit slip, or a check on which you have written "VOID." The preprinted information must include the financial institution's bank number and your account number.**

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**Gift Intention Form**

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

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

I would like to charge my entire gift.

Card Type:  Visa  Mastercard

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

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

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

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

A check for \$\_\_\_\_\_ as my first payment is enclosed. A balance of \$\_\_\_\_\_ remains on my pledge and will be paid in equal quarterly installments (\$10 minimum) over the next \_\_\_\_\_ (1-5) years.

I 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.

Name: \_\_\_\_\_

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

Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Website: \_\_\_\_\_

Address

Please make checks payable to The North Carolina Agricultural Foundation.

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 27695-7645.

If you have questions or need more information, please call  
Keith Oakley at 919-515-9262 or e-mail keith\_oakley@ncsu.edu.

Tom and Jenny will be notified that you have made a gift in their honor,  
unless otherwise indicated.

Thank you for your support.