



Yes, I want to *Invest in the Vision* at North Carolina Central University.

Name: _____
Address: _____ City, State, Zip: _____
Phone: _____ Email: _____

Option 1: Automatic Bank Draft (see page 2)

I authorize a monthly pledge deduction of: \$ _____

New Draft Increase to \$ _____ monthly Decrease to \$ _____ monthly

Please direct my gift to:

University Support Scholarships Other _____

Option 2: Enclosed is my personal check/money order

(Please make payable to NCCU Foundation, Inc.) For: \$ _____

Please direct my gift to:

University Support Scholarships Other _____

Option 3: Charge my credit card: \$ _____

Name as it appears on the card: _____

To be charged to my: Discover MasterCard Visa

Card No: _____ Expiration Date: _____

Please direct my gift to:

University Support Scholarships Other _____

You may also process your donation via the web @ <https://www.nccu.edu/giveonline.cfm>

Signature: _____ Date: _____

(Signature Required)

Please sign and mail this form to:
North Carolina Central University Foundation, Inc.
William Jones Building Room 29 - Durham, North Carolina 27707

Is your company a matching gift company? Call me to find out how to double or even triple your gift to the NCCU Foundation, Inc.!

Frances D. Wilson
919-530-6141
fdwilson@nccu.edu



North Carolina Central University Foundation, Inc. Bank Draft Form

I (we) hereby authorize the North Carolina Central University Foundation, Inc. to initiate entries to my checking / savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited in error. The authority will remain in effect until North Carolina Central University Foundation, Inc. is notified by me (us) in writing to cancel it in such time as to afford North Carolina Central University Foundation, Inc. and the financial institution a reasonable opportunity to act on it.

Name on Account – (Please print): _____

Address - (Please print): _____ **State** _____ **Zip** _____

Amount: \$ _____ per month in support of: Scholarships University Support
(Minimum of \$10 for at least 6 months) Other _____

Signature: _____ **Date:** _____

****An administrative fee of \$5.00 will be assessed to the initial draft****

Name of Financial Institution: _____

Address of Financial Institution – Branch _____

City _____ **State:** _____ **Zip:** _____

Financial Institution Routing Number: _____

Checking /Savings Account Number: _____

PLEASE ATTACH VOIDED DEPOSIT SLIP

Mail the completed Form with a Voided Deposit Slip to:

**North Carolina Central University Foundation, Inc.
1801 Fayetteville St, William Jones Room 029
Durham, NC 27707**

www.nccufoundation.org