



G2417FORM

Donor's Name \_\_\_\_\_ ID \_\_\_\_\_ TIME: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Affiliation (must circle) Alumni Faculty/Staff Student Parent Friend

Company Name (will need if employed): \_\_\_\_\_

If alumni, what is your class year? \_\_\_\_\_

THIS IS A PLEDGE COMMITMENT:

in the amount of \$ \_\_\_\_\_ to be designated to:

Please specify the name of designation(s).

Pledges to be paid by June 30, 2017.  
Reminders to be sent by Advancement Services.

THIS IS A GIFT COMMITMENT:

in the amount of \$ \_\_\_\_\_ to be designated to:

Please specify the name of designation(s).

Check made payable to UNCW is attached

Charge this gift to:

Visa  MasterCard  American Express  Discover

Name on card \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_/\_\_\_/\_\_\_

Security Code on back of card (\_\_\_ \_\_ \_\_)

Return this form to: UNCW Office of Annual Giving (King Hall 209E)

601 S. College Road, Wilmington, N.C. 28403-5905

Questions call 910.962.2661

UA STAFF: \_\_\_\_\_ DATE: \_\_\_\_\_