

Commitment Intent Form

I/we wish to make the following commitment to benefit **NC State University**:

► Area of Support

Designation(s) _____

► Commitment Information

TOTAL COMMITMENT _____ Pay in full Pledge

*Do not include matching gifts in commitment amount. You will receive recognition (soft) credit for matching gifts.
Make checks payable to:*

PLEDGE DETAILS

Pledge may not exceed five years.

Annually Semi-annually Custom*
 Quarterly Monthly *Complete schedule on attached page

of Years _____ Payment Amount _____

First Payment Date _____ # of Payments _____

Pledge reminders will be sent prior to each scheduled payment date.

Do not send pledge reminders

► Additional Options

I/we will donate through a **donor advised fund** or **family foundation** and acknowledge personal responsibility to satisfy this commitment in order for it to be recognized fully to the designation
Organization: _____

NC State University can also expect to receive a **matching gift** in the amount of _____ from the following company/organization: _____

I/we would like to designate this commitment in honor / memory of _____

► Donor Information

Name / Organization

Name

Signature Date

Signature Date

Phone

Phone

Email

Email

Address

City

State

Zip Code

To support our fundraising efforts an administrative fee may be assessed on gifts designated for current operations or facilities. Visit go.ncsu.edu/gaf for more details.

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Custom Pledge Payment Schedule (Optional)

Complete this page in addition to page one if providing a custom payment schedule.

Designation _____

Total Commitment _____

Payment Date	Payment Amount	Payment Date	Payment Amount
TOTAL:			

Name _____

Name _____

Signature _____

Date _____

Signature _____

Date _____

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