

ON COURSE  FOR DISTINCTION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRIMARY PHONE _____

PRIMARY EMAIL _____

I/We would like to make a total gift of \$ _____ to support the On Course For Distinction Campaign.

\$ _____ is enclosed, with the remainder to be paid within five years in the following manner:

\$ _____ annually for _____ years

\$ _____ semi-annually for _____ years

\$ _____ quarterly for _____ years

\$ _____ monthly for _____ years, beginning _____ / _____ .

Specify Naming Opportunity: _____

VISA MASTERCARD AMEX DISCOVER CHECK (Payable to **NC State Foundation**)

CREDIT CARD # _____ EXP. DATE _____

I/We give our permission for our name (as listed above) to be used in promoting the Campaign and recognizing its donors.

SIGNATURE _____ DATE _____

SIGNATURE _____ DATE _____

Please mail this form and checks to: **NC STATE OFFICE OF SPECIAL PROJECTS BOX 7501 RALEIGH, NC 27695-7501**
or fax pledge to: **(919) 515-1976**