

Name _____ ECU Class Year _____

Street Address _____ City _____ State _____ Zip _____

Phone (home) _____ Phone (cell) _____ Phone (business) _____

E-mail _____ Fax _____

Spouse's Name _____ Spouse's ECU Class Year _____

GIFT COMMITMENT

As an investment in East Carolina University, I/we will commit a gift to the ECU Medical & Health Sciences Foundation Inc. in the sum of \$_____ to be paid in cash, securities, and/or other property of equivalent value.

DESIGNATION OF GIFT:

METHOD OF PAYMENT:

Check enclosed for the amount of \$_____, made payable to the **ECU Medical & Health Sciences Foundation Inc.**

Credit Card Visa Master Card American Express Discover Amount: \$ _____

Card Number _____ CVV _____ Expiration Date _____ Signature _____

I/we intend to request our donor advised fund to make the following payments to the Foundation.

Gifts from donor advised funds cannot be used to satisfy personal pledges (thereby converting this into an intent).

PAYMENT SCHEDULE:

Total Commitment \$ _____
 Amount Paid \$ _____
 Balance Due \$ _____

Balance to be paid as follows:

Month _____ Year _____ Amount \$ _____
 Month _____ Year _____ Amount \$ _____
 Month _____ Year _____ Amount \$ _____
 Month _____ Year _____ Amount \$ _____
 Month _____ Year _____ Amount \$ _____

Please send reminders one month before each installment due date.

I/we work for the following matching-gift company: _____

Donor Signature _____ Date _____ Advancement Officer Signature _____ Date _____