

Gift / Pledge Form

Revised 12.1.2021

			ECU Class Year
Street Address	City	State	Zip
Phone (home)	Phone (cell)	Phon	e (business)
E-mail		Fax	
Spouse's Name		Spou	se's ECU Class Year
	GIFT COMMIT	MENT	
As an investment in East Carolina U	Iniversity, I/we will commit a gift to th	e ECU Medical & Health	Sciences Foundation Inc. in the sum of
\$	to be paid in cash, securities, a	nd/or other property of e	equivalent value.
DESIGNATION OF GIFT:			
METHOD OF PAYMENT:			
Check enclosed for the amount	of \$, made payable to	the ECU Medical & He	alth Sciences Foundation Inc.
Credit Card Visa	Master Card American Ex		Amount: \$
			, inounci y
Card Number	CVV Expiration Date	S	ignature
		-	ignature
I/we intend to request our don			-
-	or advised fund to make the following	payments to the Founda	tion.
Gifts from donor advised funds o	or advised fund to make the following cannot be used to satisfy personal pledges (there	payments to the Founda	tion. ɛ).
Gifts from donor advised funds of PAYMENT SCHEDULE:	or advised fund to make the following cannot be used to satisfy personal pledges (there	payments to the Founda by converting this into an intent Balance to be paid as follo	tion. ɛ).
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