



Gift and Pledge Form

Contact information:

Name: _____

Email: _____

Home address: _____

Phone #: _____

City: _____ State: _____

Zip code: _____

Step 1: Designate your support:

(Please indicate the amount of your gift on the line (s) provided below.)

_____ FIRST YEARS Advancement Fund (Act. # 91961)

Step 2: Choose the amount you'd like to give/pledge

_____ \$1,000 _____ \$500 _____ \$100 _____ \$250 _____ \$50 _____ \$25 _____ other

Step 3: Choose your method of payment

Check (Please make your check payable to the Medical Foundation of N.C., Inc. Indicate the "FIRST YEARS Advancement Fund (Act. # 91961)" on the memo line.)

Credit Card:

Please charge my gift of \$_____ to: American Express Visa MasterCard

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Please enter your credit card number in the above boxes

_____ Exp. date

Signature: _____

_____ Date

Please fax or mail to:
Kyle Gray
Director of Development
Department of Allied Health Sciences
School of Medicine
UNC at Chapel Hill
CB # 7120, Room 1034
Chapel Hill, NC 27599-7120
Fax: 919.966.8384
Phone: 919.966.3352
Cell: 919.923-4908
Email: kyle_gray@med.unc.edu

Pledge: I wish to pledge a total of \$_____ over _____ years.

Year 1 gift amount \$_____ Year 2 gift amount \$_____ Year 3 gift amount \$_____

Your signature for your pledge: _____

How often should we send reminders?

Annually___ Semi-annually___ Quarterly___ Begin reminders: ___/___/___

You will receive acknowledgement of your tax deductible charitable contribution donation shortly.

Thank you for your support!