



Commitment Intent Form

I/we wish to make the following commitment to **NC State University** and the **Think and Do the Extraordinary** campaign:

➤ 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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