

## Donor information

Date \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_

## Recipient information

Tax ID # \_\_\_\_\_  
 Designation\*\* \_\_\_\_\_

\*\*To name a space in Fitts-Woolard Hall subject to terms in a separate naming agreement to follow in accordance with North Carolina State University's Board of Trustee's Policy concerning Criteria and Procedures for Naming Facilities and Programs. (Policy 3.00.2)

## Gift/Pledge information

Gift/Pledge Amount\* \_\_\_\_\_

\*Note: Please do not include matching gifts in the Gift/Pledge Amount. You will receive recognition credit for matching gifts.

### Payment method

Cash/check  
 Securities

### Payment schedule

It is my/our intention to fulfill this gift/pledge over a five year period according to the following schedule:

Date	Amount

## Gift/Pledge Options

I/we will donate through the following donor advised fund \_\_\_\_\_  
 I/we acknowledge that for my/our commitment to be recognized fully as a commitment to the Designation above, I/we are personally responsible for its satisfaction.

NC State University can also expect to receive a **matching gift** in the amount of \_\_\_\_\_ from the following company/organization: \_\_\_\_\_

In grateful recognition of the impact of this gift, the donor agrees that their gift may be publicized.

I agree that my gift may be publicized     I do not agree that my gift may be publicized

Signature: \_\_\_\_\_  
*Donor's name*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
*Donor's name*

Date: \_\_\_\_\_