



			Class
Street Address	City	5	State Zip
Phone (home)	Phone (office)		Phone (cell)
E-mail		Fax	
Spouse's Name			Class
	GIFT COMM	ITMENT	
	East Carolina University, I/we will commit a g		-
DESIGNATION OF	GIFT:		
METHOD OF PAYM	IENT:		
Check enclos	sed for the amount of \$, made	payable to the East Carolina	University Foundation Inc.
	ed for the amount of \$, made American Express Master Card Visa		
Check enclos		Amount\$	
Credit Card:	American Express Master Card Visa	Amount\$	
Credit Card: Card Number I/we intend to	American Express Master Card Visa	Amount\$signal Signal Sig	nature
Credit Card: Card Number I/we intend to	American Express Master Card Visa Expira o request our donor advised fund to make the onor advised funds cannot be used to satisfy personal pledges (then	Amount\$	nature
Credit Card: Card Number I/we intend to *Gifts from d	American Express Master Card Visa Expira or request our donor advised fund to make the onor advised funds cannot be used to satisfy personal pledges (then	Amount\$	inature undation.
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Credit Card: Card Number I/we intend to *Gifts from d PAYMENT SCHE Total Commitment Amount Paid	American Express Master Card Visa Expira or request our donor advised fund to make the onor advised funds cannot be used to satisfy personal pledges (then	Amount\$	undation. paid as follows: Amount \$
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Credit Card: Card Number I/we intend to *Gifts from d PAYMENT SCHE Total Commitment Amount Paid Balance Due	American Express Master Card Visa Expira Description request our donor advised fund to make the conor advised funds cannot be used to satisfy personal pledges (then states) EDULE: \$	Amount\$	nature