



**Real
Eagles
Give Back**

NCCU ANNUAL GIVING

FACULTY AND STAFF CAMPAIGN

Yes, I want to *Invest in the Vision* at North Carolina Central University.

Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Department: _____

Option 1: Payroll Deduction

SSN# (last four digits) XXX-XX-__ __ __ __

I authorize a monthly payroll deduction of: \$ _____ I authorize a one-time gift of: \$ _____

Please continue monthly payroll deduction: until further notice (will continue until you contact IA to discontinue)
 ending (month/year) _____

New Payroll Deduction Increase current to \$ _____ monthly Decrease current to \$ _____ monthly

Contact Frances Wilson @ x6141 if you have questions concerning Payroll Deduction.

Option 2: Enclosed is my personal check (made payable to NCCU Foundation, Inc.) for: \$ _____

Enclosed is my cash payment for \$ _____

Option 3: Charge my credit card: \$ _____

Name as it appears on the card: _____

To be charged to my: Discover MasterCard Visa

Account No: _____ Expiration Date: _____

You may also process your donation via the web @ <https://www.nccu.edu/giveonline.cfm>

Please direct my gift to:

Scholarships University Support Other (Please specify) _____

Signature: _____ Date: _____

(Signature Required)



*Thank you
for supporting
NCCU!*

Please sign and mail or fax this form to:
North Carolina Central University Foundation, Inc.
William Jones Building Room 29
Durham, North Carolina 27707
Phone: 919-530-7784
Fax: 919-530-7921