

Letter of Intent

EAST CAROLINA UNIVERSITY MEDICAL & HEALTH SCIENCES FOUNDATION INC.

Street Address City Phone (nome) Phone (nome) Phone (office) Fax Spouses Name City Fax Spouses Name City City	Name					Class	
Phone (home) Phone (office)	Name					Class	
Spouse's Name	Street Address			City	State Zip		
Spouse's Name GIFT COMMITMENT As an investment in East Carolina University, I/we will commit a gift to the East Carolina University Medical & Health Sciences Foundation Inc. in the sum of \$	Phone (home)			Phone (office)		
As an investment in East Carolina University, I/we will commit a gift to the East Carolina University Medical & Health Sciences Foundation Inc. in the sum of \$	E-mail			Fax			
As an investment in East Carolina University, I/we will commit a gift to the East Carolina University Medical & Health Sciences Foundation Inc. in the sum of \$	Spouse's Name					Class	
Medical & Health Sciences Foundation Inc. in the sum of \$			- GIFT CC	MMITM	ENT -		
DESIGNATION OF GIFT \$ Brody School of Medicine			-				
BESIGNATION OF GIFT \$ Brody School of Medicine					to be	paid in cash,	
\$	securities, and	/or other property o	f equivalent v	alue.			
\$ College of Allied Health Sciences \$ Leo Jenkins Cancer Center \$ College of Nursing \$ East Carolina Diabetes and Obesity Institute \$ School of Dental Medicine \$	DESIGNATION OF	GIFT					
\$ College of Allied Health Sciences \$ Leo Jenkins Cancer Center \$ College of Nursing \$ East Carolina Diabetes and Obesity Institute \$ School of Dental Medicine \$	\$ Brody Se		\$	Laupus Health Sciences Library			
\$ East Carolina Heart Institute	\$ College of Allied Health Sciences			\$ Leo Jenkins Cancer Center			
\$ East Carolina University Medical & Health Sciences Foundation Inc. METHOD OF PAYMENT Check enclosed for the amount of \$, made payable to the East Carolina University Medical & Health Sciences Foundation Inc. Credit Card: American Express MasterCard Visa Amount \$	\$ College of Nursing			\$	\$ East Carolina Diabetes and Obesity Institute		
\$ East Carolina University Medical & Health Sciences Foundation Inc. METHOD OF PAYMENT Check enclosed for the amount of \$, made payable to the East Carolina University Medical & Health Sciences Foundation Inc. Credit Card: American Express MasterCard Visa Amount \$				\$ School of Dental Medicine			
METHOD OF PAYMENT Check enclosed for the amount of \$							
□ Check enclosed for the amount of \$				-			
Foundation Inc. Credit Card: American Express MasterCard Visa Amount \$	METHOD OF PAYM	ENT					
□ Credit Card: □ American Express □ MasterCard □ Visa Amount \$ Card Number Expiration Date Signature PAYMENT SCHEDULE Balance to be paid as follows: Total Commitment \$ Month Year Amount \$	☐ Check enclosed	for the amount of \$, made p	payable to the	e East Carolina University Medical & Hea	alth Sciences	
Card Number	Foundation Inc.						
PAYMENT SCHEDULE Balance to be paid as follows: Total Commitment \$ Month Year Amount \$	☐ Credit Card:	☐ American Express	☐ MasterCard	□Visa	Amount \$		
Total Commitment \$ Month Year Amount \$	Card Number		Expiration Date	Signature			
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Month Year Amount \$ Month Year Amount \$ Please send reminders one month before each installment due date. I/we work for the following matching-gift company: I/we have made provisions in an estate plan or a gift by will to support East Carolina University. I/we wish to make a planned gift.							
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 □ Please send reminders one month before each installment due date. □ I/we work for the following matching-gift company:							
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☐ I/we have made provisions in an estate plan or a gift by will to support East Carolina University. ☐ I/we wish to make a planned gift.	☐ Please send remi	inders one month before ea	ach installment due	date.			
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	☐ I/we have made	provisions in an estate plan	or a gift by will to	support East	Carolina University.		
	☐ I/ we wish to mak	ce a planned gift.					
Signature Date Development Officer Date	Signaturo		Date		Development Officer	Data	