

EAST CAROLINA UNIVERSITY MEDICAL & HEALTH SCIENCES FOUNDATION INC.

Name		Class	
Street Address	City	State	Zip
Phone (home)	Phone (office)		
E-mail	Fax		
Spouse's Name		Class	

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 \$ _____ to be paid in cash, securities, and/or other property of equivalent value.

DESIGNATION OF GIFT

\$ _____ Brody School of Medicine	\$ _____ Laupus Health Sciences Library
\$ _____ College of Allied Health Sciences	\$ _____ Leo Jenkins Cancer Center
\$ _____ College of Nursing	\$ _____ East Carolina Diabetes and Obesity Institute
\$ _____ East Carolina Heart Institute	\$ _____ School of Dental Medicine
\$ _____ East Carolina University Medical & Health Sciences Foundation Inc.	\$ _____ Other: _____

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 \$ _____

Card Number	Expiration Date	Signature
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PAYMENT SCHEDULE*Balance to be paid as follows:*

Total Commitment	\$ _____	Month _____	Year _____	Amount \$ _____
Amount Paid	\$ _____	Month _____	Year _____	Amount \$ _____
Balance Due	\$ _____	Month _____	Year _____	Amount \$ _____
		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.

Signature	Date	Development Officer	Date
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