



UNC

Allied Health Sciences

COUNCIL FOR ALLIED HEALTH IN NORTH CAROLINA Gift and Pledge Form

Contact information:

Name: _____

Email: _____

Home address: _____

Phone #: _____

City: _____

State: _____

Zip code: _____

Step 1: Designate your support:

_____ COUNCIL FOR ALLIED HEALTH IN NORTH CAROLINA ADVANCEMENT FUND (Act. # 91951)

Step 2: Choose the amount you'd like to give/pledge

_____ \$1,000 _____ \$500 _____ \$100 _____ \$250 _____ \$50 _____ \$25 _____ other

Step 3: Choose your method of payment

Check (Please make your check payable to the Medical Foundation of N.C., Inc. Indicate "COUNCIL FOR ALLIED HEALTH IN NORTH CAROLINA ADVANCEMENT FUND (Act. # 91951)" on the memo line.)

Credit Card:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Please enter your credit card number in the above boxes

_____ Exp. date

_____ 3 digit Security code

Please charge my gift of \$_____ to: American Express Visa

MasterCard

Signature:

Date

Pledge: I wish to pledge a total of \$_____ over _____ years.

Year 1 gift amount \$_____ Year 2 gift amount \$_____ Year 3 gift amount \$_____

How often should we send reminders?

Annually___ Semi-annually___ Quarterly___ Begin reminders: ___/___/___

Signature for your pledge:

Date

Please fax or mail to:

Kyle Gray
 Director of Development
 Department of Allied Health Sciences
 UNC at Chapel Hill
 CB # 7120
 Chapel Hill, NC 27599-7120
 Fax: 919.966.8384
 Phone: 919.966.3352
 Cell: 919.923-4908
 Email: kyle_gray@med.unc.edu

You will receive acknowledgement of your tax deductible charitable contribution donation shortly.
 If you have any questions, please contact Kyle Gray with the Development Office of the Allied Health Sciences at
 919.966.3352 or kyle_gray@med.unc.edu

Thank you for your generous support!