



**Pledge Form**

Name(s): \_\_\_\_\_

I/we would like to support the Carolina Vaccine Institute at the University of North Carolina at Chapel Hill. The terms of my/our gift are:

Enclosed is my/our gift of \$\_\_\_\_\_. *Please make check payable to UNC Carolina Vaccine Institute.*

Charge my gift of \$\_\_\_\_\_ to

American Express       MasterCard       VISA

Acct # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

I/we would like to pledge \$\_\_\_\_\_, payable as follows:

one-time payment in \_\_\_\_\_(month) of \_\_\_\_\_ (year)

in installments of \$\_\_\_\_\_

semi-annually       quarterly       monthly

Additionally, my company will match this gift. Enclosed is the company's gift form.

I would like to designate \_\_\_\_\_ percent of my gift to the Carolina Vaccine Institute Endowment Fund.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signature(s)

Date

**Contact Information:**

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