



# Brody School of Medicine Faculty & Staff Gift Form

I wish to support the East Carolina University Brody School of Medicine by contributing to the East Carolina University Medical & Health Sciences Foundation, Inc.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip

Please designate my gift of \$ \_\_\_\_\_ to:

- Annual Fund (unrestricted gifts)
- Scholarship (specify name or general) \_\_\_\_\_
- Endowment (specify name) \_\_\_\_\_
- Department \_\_\_\_\_
- Other \_\_\_\_\_

**Payment method:**

- Payroll Deduction (please use form below)
- Check enclosed – payable to the ECU Medical & Health Sciences Foundation, Inc.
- Please bill me – specify billing date(s) \_\_\_\_\_
- Charge my credit card:
  - American Express       MasterCard       Visa      Amount \$ \_\_\_\_\_
  - Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I would prefer to be contacted by the Development Officer for Brody School of Medicine

**Payroll Deduction Authorization**

Name \_\_\_\_\_ Banner ID \_\_\_\_\_  
(as it appears on paycheck)

Campus Address \_\_\_\_\_ Phone \_\_\_\_\_

Amount\* \_\_\_\_\_

*\*Remember there are two pay periods per month. To figure the amount you wish to give using the payroll deduction plan, divide your total annual gift by 24 and write this number in the space above. Example: \$240 annual gift divided by 24 pay periods = \$10 per pay period.*

**Please check appropriate block:**

- Initial payroll deduction      Per pay period (minimum \$5) \$ \_\_\_\_\_
- Change in payroll deduction      Monthly total      \$ \_\_\_\_\_
- Cancellation of deduction

I would like this action to begin on \_\_\_\_\_  
(Month-Day-Year)

I hereby authorize payroll deduction on a bi-monthly basis for the amount indicated for the ECU Medical & Health Sciences Foundation, Inc. This authorization shall continue until cancelled by me upon written notice to the ECU Medical & Health Sciences Foundation, Inc.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return completed form along with payment or deduction information to: The ECU Medical & Health Sciences Foundation, Inc.  
Attn: T. Greg Prince • ADI Building • 525 Moye Boulevard • Greenville, NC 27834 • 252-744-2238 office • 252-744-3261 fax

*No goods or services are provided in whole or in partial consideration for payroll contributions*

**EVERY gift makes a difference ~ THANK YOU for your generosity!**