

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

GIFT COMMITMENT

As an investment in East Carolina University, I/we will commit a gift to East Carolina University Medical & Health Sciences Inc. in the sum of \$_____ to be paid in cash, securities, and/or other property of equivalent value.

DESIGNATION OF GIFT:

METHOD OF PAYMENT:

Check enclosed for the amount of \$_____, made payable to the **ECU Medical & Health Sciences Foundation Inc.**
Credit Card Visa Master Card American Express Amount: \$_____

Card Number	Expiration Date	Signature
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I/we intend to request our donor advised fund to make the following payments to the Foundation.

Gifts from donor advised funds cannot be used to satisfy personal pledges (thereby converting this into an intent).

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: _____

Donor Signature	Date	Gift Officer Signature	Date
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The ECU Medical & Health Sciences Foundation, Inc.
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 E-mail: give2ecu@ecu.edu • Phone: 252-744-2238 • Fax: 252-744-3261