

PARENTS FUND GIFT FORM

Yes, I would like to support the Parents Priority Fund.

Yes, I would like to build for the future and support the Parents Endowment.

Name _____ Date _____

Date of Birth _____ Spouse's Name _____

HOME ADDRESS

Street _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

BUSINESS ADDRESS

Company _____

Position _____

Street _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

GIFT AMOUNT: \$ _____ *Please make checks payable to ECU Foundation Inc.*

My company has a matching gift program. Yes No

If yes, please attach the appropriate company form.

I would like information about serving on the Parents Council.

Mail completed form along with payment to:

East Carolina University

C/o Michael Ward, Gifts Officer for Student Affairs

Greenville Centre, Suite 1100

Mail Stop 301

East Carolina University

Greenville, NC 27858-4353

To make a gift online, please visit www.giving.ecu.edu.