PAYROLL DEDUCTION INFORMATION

☐ YES, I would like to make ongoing, semimonthly gifts to ECU!

Please check the appropriate box:
☐ Initial payroll deduction
☐ Change existing payroll deduction
☐ Cancel existing payroll deduction

GIFT DESIGNATIONS

Enter the designation(s) for your semimonthly gift(s) and the portion of the gift(s) that each area should receive.
(Remember there are two pay periods per month.)

Fund Designation  Amount per pay period (minimum $5)
1. ___________________________ $________________________
2. ___________________________ $________________________
3. ___________________________ $________________________

I would like my deduction to begin on (Month/Day/Year) ____________________________

I hereby authorize payroll deduction on a semimonthly basis for the amounts indicated to the ECU Alumni Association, ECU Foundation, or ECU Medical & Health Sciences Foundation. This authorization shall continue until cancelled by me upon written notice to the Office of Gift Records (contact Diane Crescentetti at crescentellid17@ecu.edu or 252.328.9571).

Signature (required) Date

PLANNED GIVING OPPORTUNITY

If you have any questions, please contact the Office of Annual Giving at give2ecu@ecu.edu or 252.ECU.GIVE (328.4483). Please send completed form to the Office of Annual Giving at Mail Stop 301 or email to give2ecu@ecu.edu.

☐ I/We have provided for ECU in a will or trust agreement.
☐ I would like information about providing for ECU in my will.
☐ I would like information about increasing my retirement income through a planned gift.