

|                |              |                         |                |
|----------------|--------------|-------------------------|----------------|
| Name           |              |                         | ECU Class Year |
| Street Address | City         | State                   | Zip            |
| Phone (home)   | Phone (cell) | Phone (business)        |                |
| E-mail         | Fax          |                         |                |
| Spouse's Name  |              | Spouse's ECU Class Year |                |

**GIFT COMMITMENT**

*As an investment in East Carolina University, I/we will commit a gift to the ECU Foundation Inc. in the sum of \$\_\_\_\_\_ to be paid in cash, securities, and/or other property of equivalent value.*

**DESIGNATION OF GIFT:**

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**METHOD OF PAYMENT:**

Check enclosed for the amount of \$\_\_\_\_\_, made payable to the **ECU Foundation Inc.**

**Credit Card**      Visa      Master Card      American Express      Discover      Amount: \$\_\_\_\_\_

|             |     |                 |           |
|-------------|-----|-----------------|-----------|
| Card Number | CVV | Expiration Date | Signature |
|-------------|-----|-----------------|-----------|

**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:**

Total Commitment \$ \_\_\_\_\_  
 Amount Paid \$ \_\_\_\_\_  
 Balance Due \$ \_\_\_\_\_

*Balance to be paid as follows:*

Month \_\_\_\_\_ Year \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Month \_\_\_\_\_ Year \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 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 | Advancement Officer Signature | Date |
|-----------------|------|-------------------------------|------|