

PRINT & MAIL GIFT FORM

Office of Advancement
3400 N. Wesleyan Blvd.
Rocky Mount, NC 27804
(252) 985-5581



Date: ____ / ____ / ____

In recognitions, my (our) names should appear as:

Name:

Address

This gift is in ____ honor ____ memory of:

City, State, Zip code

____ () ____ - ____

Contact#: Home Cell

Email:

____ Friend ____ Parent ____ Alumni, Class of: ____

Gift Allocation

Wesleyan Fund (Annual)	\$
Battling Bishops Club	\$
Scholarship (Name)	\$
Other:	\$
Check Payable to: NCWU	

Is your employer a Matching Gift Company? Visit the link below

<https://ncwu.edu/give/double-the-donation/>

THANK YOU FOR YOUR SUPPORT!