## Intent to Give to Carolina



NAME			PID	
ADDRESS			CITY/STATE/ZIP	
-	o inform you of my intent to su		iversity of North Carolina at Ch	ıapel
I would like m	y total commitment to be alloc	ated in the ar	nounts and designations below	<b>/:</b>
\$	Designated for			
\$				
\$	Designated for			
\$	Designated for			
Please remina	l me as follows:			
Please begin ren	•	(month)	(year)	
Remind me:	$\square$ annually	Year 1	\$	
	$\square$ semiannually	Year 2	\$	
	$\square$ quarterly	Year 3	\$	
		Year 4	\$	
		Year 5	\$	
Publicity:				
May we publiciz	e your gift (i.e., honor rolls, news me	dia, University p	oublications or websites)?   Yes	□ No
Recognition:				
☐ I would like n	ny spouse to receive recognition cre	dit. (Name)		
☐ Please list my	y/our names as follows:			
$\Box$ I/we wish to	remain anonymous for recognition f	or this commitm	ent.	
By signing below, as noted above.	I confirm the details of my commitme	nt to Carolina an	d authorize the payment of such comm	nitment
	<u> </u>	•	and is not considered a personal, enfor in whole, by grants from a donor advise	
SIGNATURE			DATE	