



I accept the invitation to make a gift to
The Friends of the
Cooperative Extension's Ability Garden Enhancement Fund

Gift Pledge Form

Please tell us the type and amount of your gift and, and complete the indicated sections.

My TOTAL gift amount is \$ _____.

- This is a one-time gift (complete sections II and III below)
- This is a pledged gift to be paid in installments (complete sections I and III below)

SECTION I: For a pledged gift

My pledge will be payable in equal installments of \$ _____ () monthly, () annually over the next _____ years (1-5) beginning on _____ (date).

- I have attached a completed payroll deduction form.
- I have attached a completed bank draft authorization form.
- I prefer to pay by check; please send me a reminder.
- I will make a gift of appreciated securities or stock as follows (please enclose appropriate documentation):

SECTION II: For a one-time gift

- A check for my total gift, \$ _____, is enclosed. My check # _____
- Please charge my total gift amount on my (please check one)
__ MasterCard __ Visa __ Discover __ American Express
- Name as it appears on card: _____
Card number: _____ Expiration date: _____
- Signature:** _____ **Date:** _____

- I will make a gift of appreciated securities or stock as follows (please enclose appropriate documentation):

SECTION III: For all gifts, please print the following so we can ensure you get a receipt:

Name: _____
Phone: (day) _____ (evening) _____
Address: _____

Signature: _____ **Date:** _____

- I would like to receive information about establishing an Endowment in the NCCES Foundation.

**Send this form, and your completed Bank Draft Form/Payroll Deduction Form (if applicable) to:
Cooperative Extension's Ability Garden ♦ 6206 Oleander Drive ♦ Wilmington, NC 28403
If you need further information, please call Beth Ann Scisco at 910-798-7668.
Please make checks payable to Friends of CE Ability Garden.
THANK YOU FOR YOUR SUPPORT!**