

Donor information

Date _____

Name _____

Address _____

Phone Number _____

Email _____

Recipient information

Tax ID # _____

Designation**

**To name a space in Engineering Oval subject to terms in a separate naming agreement to follow in accordance with North Carolina State University's Board of Trustee's Policy concerning Criteria and Procedures for Naming Facilities and Programs. (Policy 3.00.2)

Gift/Pledge information

Gift/Pledge Amount* _____

*Note: Please do not include matching gifts in the Gift/Pledge Amount. You will receive recognition credit for matching gifts.

Payment method

Cash/check

Securities

Payment schedule

It is my/our intention to fulfill this gift/pledge over a five year period according to the following schedule:

Date	Amount

Gift/Pledge Options

I/we will donate through the following donor advised fund: _____

I/we acknowledge that for my/our commitment to be recognized fully as a commitment to the Designation above, I/we are personally responsible for its satisfaction.

NC State University can also expect to receive a **matching gift** in the amount of _____ from the following company/organization: _____

In grateful recognition of the impact of this gift, the donor agrees that their gift may be publicized.

I agree that my gift may be publicized I do not agree that my gift may be publicized

Signature: _____

Donor's name

Date: _____

Signature: _____

Donor's name

Date: _____