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**THANK YOU FOR YOUR
 GENEROUS SUPPORT!**

Please mail this completed form to the address above. All contributions to the UNC Eshelman School of Pharmacy Foundation are tax-deductible.

FACULTY/STAFF GIFT FORM

 PID

 Name

 Address

 City, State Zip code

 Phone E-mail

I would like to support the following fund:

- Pharmacy Student Activities Fund (5334) Pharmacy Advancement Fund (4810)
 Pharmacy Scholarships & Awards Fund (4820) Other: _____

OPTION 1

Payroll Deduction

Amount to be deducted per pay period \$ _____

I am SPA SPA-exempt

Biweekly Payroll (minimum = \$1 per pay period per designation.)

24 pay periods x \$ _____ deduction = \$ _____ **annual contribution**

I am EPA Faculty

Monthly Payroll (minimum = \$2 per pay period per designation.)

12 pay periods x \$ _____ deduction = \$ _____ **annual contribution**

This changes my current payroll deduction.

I would like this gift to be in addition to my current payroll deduction.

I would like this gift to replace my current payroll deduction.

I authorize Carolina to deduct the amount indicated from my pay each period. This authorization shall be in effect upon receipt of this form in Payroll until I cancel or change this authorization by notifying the Office of University Development by e-mail or in writing.

Signature: _____ Date: _____

OPTION 2

Check

Check enclosed for \$ _____ payable to the UNC Eshelman School of Pharmacy Foundation

OPTION 3

Credit Card

Charge \$ _____ to my

Visa American Express MasterCard

Card Number: _____

Expiration date: _____ (month)/ _____ (year)

Signature: _____ Date: _____

My spouse works for a company that will match my gift.
 (Please contact your spouse's human resources department to initiate the matching gift.)