



## North Carolina High School Athletic Association, Inc.

### Gift/Pledge Form

**Donor Information:** *Please note donation type*

Personal donation

Organizational donation

Name: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Gift/Pledge Information

I/we pledge a total of \$ \_\_\_\_\_ to be applied to the following \_\_\_\_\_

#### Check Information

Enclosed is my check for a tax-deductible gift of \$ \_\_\_\_\_ made payable to the NCHSAA.

#### Credit Card Information

Please charge my tax-deductible gift to my credit card  Visa  MasterCard

In the amount of \$ \_\_\_\_\_ Cardholder's Name \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code : \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**Donation Designation Information found**

**on the back of this page**

**Donation Designation:** *Please select where you would like your donation to be applied to*

- Student Services Program Fund
- Charlie Adams Scholarship Fund
- Jerry McGee Endowed Scholarship
- Tony Cullen Memorial Scholarship Fund
- Willie Bradshaw Memorial Scholarship
- Alford Family Golf Scholarship
- Gainey Student Scholarship
- Clary Medal Fund
- Toby Webb Outstanding Coach Endowment
- Hall of Fame Endowment
- Health & Safety/Education Endowed Fund

**My donation has been made:**

In **honor** of \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In **memory** of \_\_\_\_\_

*Please notify* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please return to:  
NCHSAA Development Office  
PO Box 3216 | Chapel Hill, NC 27515-3216**

**Contact: Karen DeHart, Email: [karen@nchsaa.org](mailto:karen@nchsaa.org)  
Phone: 919-240-7369 | Fax : 919-240-7399**

*Note : If you prefer to be removed from our database/ mailing list, please contact Karen via phone or email. Thank you.*