



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

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

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

Telephone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

All donations are tax deductible. Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 919-733-4510. The license is not endorsed by the state.

In consideration of the gifts and pledges of others, I/we pledge to the North Carolina High School Athletic Association Endowment Fund

A total gift of: \$ \_\_\_\_\_

to be paid over 5 years \_\_\_\_\_ or 3 years \_\_\_\_\_

Please bill me:

annually  semi-annually

quarterly  monthly

bank draft

credit card # \_\_\_\_\_

Exp: \_\_\_\_\_

Please make checks payable to NCHSAA Endowment Fund  
PO Box 3216, Chapel Hill, NC 27515-3216

See back side for additional information.

Please designate my gift *in honor of* \_\_\_\_\_

OR

*in memory of* \_\_\_\_\_

Send honoree or memorial notification to:

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

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

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

This gift is eligible for a matching gift by: \_\_\_\_\_

(Company Name—please attach matching gift form)