



Donor Information: *Please note donation type-*

_____ **Personal donation** _____ **Organizational donation** (*name of organization below*):

Contact Name: _____

Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

Please code my donation to the following fund(s) within the NCHSAA Foundation, Inc.:

☐ **General Endowment Fund**

☐ **Scholarships & Awards Endowment Fund**

☐ Alford Family Golf Scholarship

☐ Charlie Adams Endowed Scholarship

☐ Jerry McGee Endowed Scholarship

☐ Pat Gainey Student Scholarship Award

☐ Tony Cullen Memorial Endowed Scholarship

☐ Wilburn Clary Medal

☐ Willie Bradshaw Memorial Endowed Scholarship

☐ Toby Webb Outstanding Coach Award

☐ Dave Harris System AD Award of Excellence

☐ **Hall of Fame Fund**

☐ **Education | Health, Safety & Wellness Fund**

☐ **Student Programs Fund**

☐ **Officiating Services Fund**

Gift Information

I/we donate a total of \$_____ to be applied to the designated Endowment Fund.

☐ A single gift. Payment information below.

☐ Pledge Annual payments of \$_____ over 2 3 4 5 years starting _____/_____

Check Information

Enclosed is my check for a gift of \$_____ made payable to the **NCHSAA Foundation, Inc.**



Credit Card Information

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

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

Credit Card #: _____ Expiration Date: _____ Security Code _____

Cardholder's Signature: _____ Date: _____

My donation has been made:

In HONOR of _____

Address _____

City _____ State _____ Zip _____

In MEMORY of _____

Please notify: _____

Address _____

City _____ State _____ Zip _____