

**PRINT & MAIL GIFT FORM**

Office of Advancement  
3400 N. Wesleyan Blvd.  
Rocky Mount, NC 27804  
(252) 985-5581



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

In recognitions, my (our) names should appear as:

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
This gift is in \_\_\_\_ honor \_\_\_\_ memory of:

\_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_( )\_\_\_\_\_-\_\_\_\_\_  
Contact#: Home  Cell

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

\_\_\_\_ Friend \_\_\_\_ Parent \_\_\_\_ Alumni, Class of: \_\_\_\_

**Gift Allocation**

Wesleyan Fund (Annual)	\$
Battling Bishops Club	\$
Scholarship (Name)	\$
Other:	\$

**Check Payable to: NCWC**

**Is your employer a Matching Gift Company? Click the link below.**

<https://doublethedonation.com/givetoncwc>

**THANK YOU FOR YOUR SUPPORT!**

