

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 _____

City, State, Zip code _____

_____() _____ - _____

Contact#: Home Cell

Email: _____

____ Friend ____ Parent ____ Alumni, Class of: _____

This gift is in ____ honor ____ memory of:

Gift Allocation

Wesleyan Fund (Annual)	\$
Battling Bishops Club	\$
Scholarship (Name)	\$
Other:	\$
Check Payable to: NCWC	

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

<https://doublethedonation.com/givetoncwc>

THANK YOU FOR YOUR SUPPORT!