

GROWING TOMORROW'S
FAMILY DOCTORS
 A Calling to Build the Student Endowment



MEDICAL STUDENT ENDOWMENT CAMPAIGN COMMITMENT FORM

NAME & CONTACT INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: ____ Zip Code: _____

Email: _____ Phone: _____

OUTRIGHT GIFT/PLEDGE TO MEDICAL STUDENT ENDOWMENT

My/Our Total Commitment (pledge or gift) to this Campaign is \$ _____.

Enclosed is \$ _____ toward this commitment.

The \$ _____ balance on this commitment will be paid in ____ years (up to 5 years), according to the following schedule:

\$	paid by	(e.g., \$5,000 paid by December 31, 2023)
\$	paid by	(e.g., \$5,000 paid by December 31, 2024)
\$	paid by	(e.g., \$5,000 paid by December 31, 2025)
\$	paid by	(e.g., \$5,000 paid by December 31, 2026)
\$	paid by	(e.g., \$5,000 paid by December 31, 2027)

PLANNED GIFT TO MEDICAL STUDENT ENDOWMENT

I/We have made a planned gift to the NCAFP Foundation through one of the following (please check applicable box):

- Will/Bequest
 Living Trust
 Retirement plan assets
 Insurance Policy
 Charitable Gift Annuity
 Charitable Gift Remainder Trust
 Other: _____

A conservative estimate of the current value of my/our planned gift is \$ _____.

 Signature

 Date

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DONOR RECOGNITION

I/We understand this support qualifies me/us for appropriate donor recognition based on the level of commitment. Please **credit my gift/pledge in the following name(s)** and list accordingly:

This gift is made in **honor or memory** of:

Name/address of who should be notified:

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- Check here if you wish for your commitment to be **anonymous**.
 - Check here if you are interested in talking to someone at the NCAFP Foundation regarding your **estate plans** or a gift of **other types of property**.

METHOD OF GIFT/PLEDGE PAYMENT

- Check** payable to: NCAFP Foundation (Please indicate "Endowment Campaign" on Memo line)
- Credit Card** (Go to the following secure site to make an online payment www.ncafp.com/contribute)
- Stock/Securities**
(For stock transfer details, please contact Shawn Parker, NCAFP General Counsel, at shawn@ncafp.com or 919-980-5377)
- Qualified Charitable Distribution (QCD)** from an IRA
- Donor Advised Fund**

Contributions are tax deductible as provided by law.

Questions? Please Contact:

Ashley Sedlak-Propst
Campaign Coordinator
704-796-2423
foundation@ncafp.com

Please return this form and your contribution to this address:
2501 Blue Ridge Road, Suite 120, Raleigh, NC 27607