



# Pledge Form

## National Association of Academic Advisors for Athletics

### Donor Information (please print or type)

School	
Billing address	
City	
State	
ZIP Code	
Telephone (business)	
Fax	
E-Mail	

### Pledge Information

I (we) pledge a total of \$\_\_\_\_\_ to be paid:  
\_\_\_\_ now \_\_\_\_ annually (pay by date \_\_\_\_\_).

I (we) plan to make this contribution in the form of:  
\_\_\_\_ cash \_\_\_\_ check \_\_\_\_ PayPal

Gift will be matched by \_\_\_\_\_ (conference/family/foundation).  
\_\_\_\_ form enclosed \_\_\_\_ form will be forwarded

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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\_\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

**N4A**  
**Campus Box 8509**  
**Raleigh, NC 27695**  
**Tax ID 33-0222728**