



Do you prefer to mail in your donation?

Return this form with your contribution.

Mail to:

**NC State Foundation, Inc. – OLLI Annual Giving
Office of Alumni and Donor Records
NC State Campus Box 7474
Raleigh, NC 27695-7474**

Name: _____
 First Middle Last

Address: _____

City: _____ Zip: _____

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- | | |
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| Friend: Up to \$99 | Sponsor: \$500-\$999 |
| Donor: \$100-\$249 | Partner: \$1,000-\$2,499 |
| Patron: \$250-499 | Benefactor: \$2,500+ |

Enclosed is my check for \$ _____
payable to the **NC State Univ. Foundation – OLLI Annual Fund**

Charge \$ _____ to my credit card:

- Visa
- Mastercard
- American Express

Card #: _____

Expiration date: _____

Signature: _____

My gift will be matched by my employer/ company and the matching gift form is enclosed.

My gift is in honor of *or* in memory of : _____

Thanks for your support!