

I wish to join the Friends of Laupus Library

- Individual
- Couple
- My spouse also wishes to join the Friends of Laupus Library.

Spouse's name: _____

- I/We wish to become a member of the Friends of Laupus Library at the following membership level:
 - Special Friend: \$1000
 - Corporate Friend: \$1000
 - Distinguished Friend: \$250-\$999
 - Principal Friend: \$50-\$249
 - Student Friend: \$25

Name(s): _____

Address: _____

City: _____ State _____ Zip _____

Phone: _____ Email: _____

For those registering as a couple please indicate one mailing address for all publications and mailings. Sharing your email address is also very important as use of email will save the Friends the postage costs and allow us to send important information to you in a timely manner.

Payment method:

- Check enclosed-payable to the ECU Medical & Health Sciences Foundation, Inc. (*indicate Friends of Laupus Library on memo line*)
- Payroll Deduction (*please complete form*)
- Charge my credit card:
 - Visa
 - MasterCard
 - AMEX
 - Amount \$ _____

Cardholder's Name: _____

Card # _____

Expiration Date: _____

Signature: _____

Payroll Deduction Authorization

Name _____ Banner ID # _____
(as it appears on paycheck)

Campus Address _____ Phone _____

Amount* _____

**Remember there are two pay periods per month. To figure the amount you wish to give using the payroll deduction plan, divide your total annual gift by 24 and write this number in the space above. Example: \$240 annual gift divided by 24 pay periods = \$10 per pay period.*

Please check appropriate block:

- Initial payroll deduction Per pay period (minimum \$5) \$ _____
- Change in payroll deduction Monthly total \$ _____
- Cancellation of deduction

I would like this action to begin on _____
(Month-Day-Year)

I hereby authorize payroll deduction on a bi-monthly basis for the amount indicated for the ECU Medical & Health Sciences Foundation, Inc. This authorization shall continue until cancelled by me upon written notice to the ECU Medical & Health Sciences Foundation, Inc.

Signature _____ Date _____

Mail completed form along with payment or deduction information to:

The ECU Medical & Health Sciences Foundation, Inc.
525 Moye Boulevard
Greenville, NC 27834

No goods or services are provided in whole or in partial consideration for payroll contributions