

ECURFA DUES AND DONATION FORM

Please complete the following and return with payment.

Name: _____

Address: _____

Email: _____

_____ Yes, I wish to become a member of the ECURFA at the yearly rate of \$15.00

_____ Yes, I wish to become a lifetime member of the ECURFA for a one- time fee of \$75.00

_____ Before 2009 I joined as a Lifetime member and wish my membership to be reactivated

_____ In addition I would like to donate _____ to the ECURFA Undergraduate and Graduate Scholarship Program which each year supports the dependents of retired ECU faculty or EPA non-faculty.

Please make checks payable to East Carolina University Foundation, Inc. with ECU Retired Faculty in the memo line.

To pay by credit card please provide the following:

MC _____ Visa _____ AX _____

Credit Card Number: _____

Exp. date: _____

Signature of cardholder: _____

Return payment and this form to:

ECU Foundation Gift Records Department
2200 S Charles Blvd
Greenville, NC 27858