



Donor Information

Name(s) (as you would like for it to appear on donor wall/website)

Class Year

Home Address

City

State

Zip

Email

Referral/ Members Name: _____

Parent/Grandparent of student-athlete (please circle one)

Membership Levels:

Annual Scholarship

\$10,000 four year pledge

Golden Spartans

\$2,500 annual gift

Spartans 300

\$1,000 annual gift

Fighting Spartans

\$500 annual gift

Blue & Gold

\$250 annual gift

Century Spartans

\$100 annual gift

Company (matching gift): \$ _____

Method of Payment:

Paying by check, please make check payable to: UNCG Spartan Excellence Fund

Paying by Credit Card:

 Visa Master Card American Express

Name on card: _____

Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____

Please bill me \$ _____

Beginning: _____ / _____
month year

_____ Monthly _____ Quarterly _____ Annually _____ Semi Annually

Make checks payable and mail to:
The Spartan Club, 1100 W. Market Street, Greensboro, NC 27402