

NCCPA



FOUNDATION
YOUR INVESTMENT IN THE FUTURE OF THE PROFESSION

Legacy Scholars Program Form

Name: _____

Company: _____

Address: _____

City: _____

State: _____

Zip: _____

Telephone #: _____

Email: _____

Fulfillment of Gift:

I plan to fund this commitment as follows:

Annual Amount _____

Number of Years _____ (not to exceed five years)

My check is enclosed.

(Please make checks payable to NC CPA Foundation, Inc.)

Contribution through ACH/eCheck

(If you would like assistance in funding your commitment through ACH/eCheck, please contact Mark Sotichack via email at msotichack@ncacpa.org or via phone at 919.469.1040 x130.)

Donor may direct scholarship to students from the following college(s)/university(ies) ranked in order of preference*:

1 _____

2 _____

3 _____

** If a qualified applicant from one of the named institutions is not among those selected by NC CPA Foundation, the named scholarship will be rolled to the following year.*

Thank you in advance for your support of the NC CPA Foundation, Inc.

PO Box 80188, Raleigh, NC 27623

For any questions or to obtain additional information on the Legacy Scholars Program, please contact Mark Sotichack (msotichack@ncacpa.org).