NAMING PROPOSAL TO EAST CAROLINA UNIVERSITY

BOARD OF TRUSTEES

_____
Name of Originator

_____ _____ _____
Department/Division Phone Email

Proposed Name(s) to Honor: _____
_____
_____

_____
Address: City State Zip

Telephone: _____
Home Business

Relationship to the University: _____

Proposed Object for Naming: _____

Purpose for recommendation:

❑ Honorary (Attach background materials as appropriate to justify the recommendation)

❑ Gift (Attach background materials as appropriate to justify the recommendation and complete the section below)

Purpose of Gift: ❑ Annual ❑ Capital ❑ Endowment
Date of Original Commitment: _____
Amount of the Total Commitment: _____
Amount Paid: _____
Current Pledge Balance: _____
Status of Payments: _____
Was the gift part of a campaign: ❑ Yes ❑ No Define: _____
Was the project pre-approved: ❑ Yes ❑ No
Directed to: ❑ ECU Foundation ❑ Educational Foundation
❑Medical Foundation ❑ Other

If the Gift was more than $25,000:

1. Attach a copy of the signed Letter of Intent.
2. Define in detail any special arrangements or expectations the donor may have resulting from this Gift.
3. If the Gift is other than cash or cash equivalent, explain the method of valuation, and the plan for liquidation.

_____ _____
Signature of Originator Date

PROPOSAL TO EAST CAROLINA UNIVERSITY BOARD OF TRUSTEES
TO NAME A FACILITY OR ACTIVITY

ROUTING SHEET

Office of Vice Chancellor for University Advancement:

Received _____

Action _____/_____
Date

_____ Forwarded or returned_____
Vice Chancellor's Signature Date

Comments_____
_____

Chancellor's Office:

Received _____

Action _____/_____
Date

_____ Forwarded or returned_____
Chancellor's Signature Date

Comments_____
_____

Athletics and Advancement Committee of the Board of Trustees:

Received _____

Action _____/_____
Date

_____ Forwarded or returned_____
Chair's Signature Date

Comments_____
_____

Board of Trustees:

Received _____

Action _____/_____
Date

_____ Forwarded or returned_____
Chair's Signature Date

Comments_____
_____