

Preauthorized Payments Form



To ensure security of your personal information, use our secure web site, give.uga.edu, to complete this form online.

Name _____ Address _____ Phone _____

City _____ State _____ Zip _____

I/we authorize the University of Georgia to initiate debit/credit entries to support the following:

Gift Designation: Georgia Fund for University-wide support

Restricted as follows: _____

Amount Pledged: (\$5 per month minimum)

\$ _____ per month for _____ months \$ _____ per month until otherwise notified.

Signature _____

Date _____

Bank Draft Payments

Attach a voided check or provide account information below:

Bank _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

Credit Card Payments

Visa MasterCard American Express

DISCOVER

Credit Card Number

Security Code _____

Expiration Date _____

Credit card payments may be established online using our secure website, give.uga.edu.

For more information, please contact: Development and Alumni Relations, Gift Accounting, 394 S. Millledge Avenue, Athens, Georgia 30602-5582. 706-542-8176 / 1-888-268-5442 • gifts@uga.edu