



UNIVERSITY OF  
**GEORGIA**  
Griffin Campus

## **100/100/5 Program**

# **100 donors @ \$100/year for 5 years Giving Program**

Program goal: To obtain commitments from 100 donors to contribute  
\$100 per year for 5 years to the **Griffin Campus Fund**

Count me in! I would like to be a 100/100/5 Program donor and  
will commit a tax deductible contribution of \$100/year for 5 years

Count me in! But I would like to increase my tax deductible contribution  
to \$\_\_\_\_\_/year for 5 years

I would prefer to make a one-time tax deductible contribution to  
the Griffin Campus Fund in the amount of \$\_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please make your check payable  
to the **UGA Foundation**, include  
**“Griffin Campus Fund”**  
on the memo line, and mail to:  
  
**100/100/5 Program**  
**c/o UGA Griffin Campus Director**  
**1109 Experiment St.**  
**Griffin GA 30223**

**To use a credit card:**

<https://gail.uga.edu/griffin5>