

1. MY INVESTMENT

- I will make a **monthly** recurring gift of (\$5 minimum, credit/debit card required):
- _____ _____ _____ Other _____
- I will make a **one-time** gift of:
- _____ _____ _____ Other _____

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

EMAIL _____

2. USE MY GIFT FOR

-
-
-
-
-
- Share information on including UGA in my will or estate plan

3. PAID BY

Want to give online?

- CHECK:** (payable to University of Georgia Foundation)
- CREDIT/DEBIT CARD:** (Circle: Visa, MasterCard, American Express, Discover)

Card number

Card expires ____/____

The University of Georgia Foundation is registered to solicit in states where required and provides state specific registration information at ugafoundation.org/charity