



# MAGILL SOCIETY

## LETTER OF COMMITMENT

NAME //

ADDRESS //

PHONE //

EMAIL //

*I/We would like to support the athletic facility projects through a pledge to the Magill Society:*

☐ // \$25,000    ☐ // \$50,000    ☐ // \$100,000  
☐ // \$250,000    ☐ // \$500,000    ☐ // \$1,000,000    ☐ // Other \$

*I/We desire to begin this financial support and provide it in the following manner:*

\$ on MONTH DAY 20  
\$ on MONTH DAY 20  
\$ on MONTH DAY 20  
\$ on MONTH DAY 20  
\$ on MONTH DAY 20  
☐ // Annually    ☐ // Semi-Annually    ☐ // Quarterly    ☐ // Monthly

*I/We desire to receive the athletics priority for the gifts made on this commitment*

☐ // YES    ☐ // NO

DONOR SIGNATURE // DATE

TGBC STAFF SIGNATURE DATE

*The UGA Board of Regents has final approval on all facility related campaigns. In the event there is a change in a particular project, The Georgia Bulldog Club will reach out to the donor to discuss future giving options. Unfulfilled pledges will result in the loss of bonus priority points. The Magill Society is above and beyond any existing donation requirements for seating and parking benefits through The Georgia Bulldog Club priority funds. Members still have to fulfill their annual priority donations in addition to their Magill Society Commitments. Membership into the Magill Society is for 5 years.*

## CREATING GEORGIA EXCELLENCE

INTERNAL USE ONLY - Online Download

Gail # Membership Pac #

OO: Tag:





# MAGILL SOCIETY

# STEWARDSHIP & PAYMENT

**PUBLISH NAME //** (Used for Donor Recognition Wall and/or Naming Rights Purposes)

.....  
.....  
.....

**SHIRT SIZE //** ..... **SPOUSE'S SHIRT SIZE //** .....

**BIRTHDAYS //** .....  
.....

*I/We desire this to be recognized as an anonymous commitment* ☐ **// YES** ☐ **// NO**

**Will gift be donate through a Donor Advised Fund or Family Foundation?** ☐ **// YES** ☐ **// NO**

We welcome gifts from donor advised funds, community funds, and family foundations. However, per IRS regulations, in most cases the donor is unable to accept the priority points if his/her donation is made from one of these funds.

*I/We have elected to receive athletics priority points for this commitment and would like to distribute them in the following manner*

% .....	ON .....	NAME .....	ACCOUNT # .....
% .....	ON .....	NAME .....	ACCOUNT # .....
% .....	ON .....	NAME .....	ACCOUNT # .....
% .....	ON .....	NAME .....	ACCOUNT # .....

Percentages must total 100%

☐ **// I intend to apply for a matching gift from** ..... COMPANY NAME

*I/We desire to use the following payment information to pay:*

☐ **// One-Time Gift** ☐ **// Monthly** ☐ **// Quarterly** ☐ **// Annually**

☐ **// CREDIT CARD** (Visa, Mastercard, American Express, Discover)

Card Number: .....

.....

Expiration: .....

.....

Security Code: .....

☐ **// CHECK #** ..... (Make check payable to the UGA Foundation)

**SPECIAL COMMENTS & INSTRUCTIONS //**

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