

Name						
Address						
Phone			Email			
I/We would like to	support UGA Ath	letics through	a pledge to the I	Magill Society:		
\$25,000	\$50,00	00	\$100,000		\$250,000	
\$500,000	\$1,000	),000	☐ Other \$			
I/We desire to beg	in this financial s	upport and pro	vide it in the fol	lowing manner:		SCAN ME
\$	on	MONTH	. ,	20	YEAR	
\$	on	MONTH	. ,	20	YEAR	
\$	on	MONTH	. ,DAY	20	YEAR	Visit the Magill Socie donation form to mal
\$	on	MONTH	DAY	20	YEAR	a pledge payment <u>on</u> <u>Letter of Commitme</u> <u>is submitted.</u>
\$	on	MONTH	. ,	20	YEAR	
Annually	Semi-Annually		Quarterly	Monthly		
Designation: Pe	ople 🔲 Places	Programs	Fund Name:			·····
I/We desire to receive	e the athletics priori	ty for the gifts m	nade on this comm	nitment: 🔲 Yes	☐ No	
Donor Signature				Date		
TGBC Staff Signature				Date		
The UGA Board of Regents Club will reach out to the a above and beyond any exis have to fulfill their annual p	lonor to discuss future giv sting donation requiremen	ing options. Unfulfilled ts for seating and par	d pledges will result in th king benefits through T	ne loss of bonus priority he Georgia Bulldog Clu	y points. The N b priority fund	Magill Society is ds. Members still

## COMMIT TO THE CAMPAIGN FOR ATHLETICS INTERNAL USE ONLY

Gai	 Membership Pac #
DO:	 Tag:



Publish Name (Used for Donor Recognition Wall and/or Naming Rights Purposes) Shirt Size Spouse's Shirt Size Birthday(s) ■ 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 ..... % ..... ACCOUNT NUMBER % ..... .... on .... NAME ACCOUNT NUMBER \_\_\_\_ on \_\_\_ NAME ACCOUNT NUMBER ..... on .... NAME ACCOUNT NUMBER 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: Quarterly One-Time Gift Monthly Annually ☐ Credit Card (VISA, Mastercard, American Express, Discover) Card #:. Exp.: Security Code: Check #: (Make check payable to the UGA Foundation) ☐ Stock/Securities Transfer ■ New Commitment Upgraded Commitment 2nd Membership Term Special Comments & Instructions: