



The University of Georgia
College of Pharmacy

LETTER OF COMMITMENT

In recognition and support of the University of Georgia College of Pharmacy,
 I/we plan to make the following contributions:

(ALL GIFTS MAY BE PLEDGED)

College of Pharmacy Gift

- I/we intend to personally contribute \$ _____ per year for ____ years, beginning _____
- Corporate/Foundation contribution of \$ _____ per year for ____ years, beginning _____

This gift is made in support of the following College of Pharmacy endowments, programs, facilities and/or projects:

Gift Designation: _____ in the amount of \$ _____

Gift Designation: _____ in the amount of \$ _____

Annual Georgia Fund Gift (restricted)

I will continue or initiate support of the College of Pharmacy in the following way:

- Georgia Fund \$ _____ per years for ____ years \$ _____

Matching Gifts Information (Please enclose matching gift forms for each personal gift)

- My personal gift(s) will be matched by _____
(NAME OF CORPORATION/FOUNDATION)

Total Gifts: \$ _____

Planned Gifts/Estate Commitments

- I am considering a planned gift/estate commitment to the UGA Foundation. Please have a Gift Planning Officer contact me concerning this gift. I understand that a documented planned/ estate gift qualifies me for membership in the University of Georgia Heritage Society.

Donor Information/Authorization

Name: _____ Name _____

Company/Foundation Name (if a corporate/foundation gift): _____

Address: _____

Daytime Telephone: (____) _____ Email Address: _____

Name as to appear on Presidents Club and/or Heritage Society plaque: _____

Donor Signature(s): _____

Charitable gifts made in support of the University of Georgia's academic programs and projects, as well as those gifts made in support scholarships should be made payable to

The Arch Foundation

For more information, please contact:

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