

# MEDICAL COLLEGE *of Georgia* FOUNDATION



## Pledge Form

### Donor Information

Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_  
Address \_\_\_\_\_ Phone (Cell) \_\_\_\_\_  
City, State ZIP \_\_\_\_\_ Email \_\_\_\_\_

### Gift Information

Pledge Amount \_\_\_\_\_ Fund Number \_\_\_\_\_  
Fund/Purpose \_\_\_\_\_

### Gift Schedule

|       |        |       |      |
|-------|--------|-------|------|
| _____ | Amount | _____ | Date |
| _____ | Amount | _____ | Date |
| _____ | Amount | _____ | Date |
| _____ | Amount | _____ | Date |
| _____ | Amount | _____ | Date |

### Donor Certification

I am aware and acknowledge that when making this gift and future gifts to the Foundation, I am making it of my own free will and that once the asset is transferred it becomes the property of the Medical College of Georgia Foundation to be used in support of the fund or purpose outlined herein. Neither I, nor any other individual, will receive any goods, services, or other private benefit from the organization as consideration for the amount of the contribution(s) that is tax deductible. My signature below confirms my intent to fulfil my pledge to the best of my ability within the five-year period as detailed above, and my commitment to support the mission of the Medical College of Georgia Foundation.

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

### MCG Foundation Use Only

Account ID \_\_\_\_\_ Date Fulfilled \_\_\_\_\_

Please submit this form and any necessary supporting documentation to MCG Foundation located at 720 St. Sebastian Way, Suite 150, Augusta, GA 30901 (Attn: Accounts Payable). MCG Foundation's Gift Acceptance Policy can be found at <https://mcgfoundation.org/policies-and-forms/>. For all other inquiries, please contact the MCG Foundation Accounting Department at (706) 823-5503.