

# MEDICAL COLLEGE *of Georgia* FOUNDATION



## Pledge Form

In support of the work of the Medical College of Georgia, I want to provide for future generations and to ensure the continuity of the mission and goals of the Medical College of Georgia. Please note that the Medical College of Georgia Foundation's policy allows for a minimum pledge of \$5,000 with a payment schedule not to exceed five years.

### Donor Information

Donor Name \_\_\_\_\_

Donor Address \_\_\_\_\_

Donor E-Mail \_\_\_\_\_ Phone Number \_\_\_\_\_

### Gift Information

I \_\_\_\_\_ agree to pay to the Medical College of Georgia Foundation, Inc. a total gift of

Donor Name

\$ \_\_\_\_\_ payable in accordance with the following schedule:

Pledge Amount

Amount	Date
Amount	Date
Amount	Date
Amount	Date
Amount	Date

This gift should be directed to the following fund:

Fund Number \_\_\_\_\_

Fund Name \_\_\_\_\_

This letter of intent represents my commitment to the work of the Medical College of Georgia.

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

\_\_\_\_\_  
Print Name

Please submit this form to: MCG Foundation at 720 St Sebastian Way Suite 150 Augusta, GA 30901

Contact the MCGF Accounting Department with any questions: (706) 823-5500

Please refer to our Gift/Contribution Policy for additional details located on our website, [mcgfoundation.org](http://mcgfoundation.org)

### MCG Foundation Use Only

\_\_\_\_\_  
Account ID:

\_\_\_\_\_  
Pledge Status: