

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.