

2017 STATE CHARITABLE CONTRIBUTIONS PROGRAM
MEMORIAL Contribution Acknowledgment Request

If you want to make your contribution IN MEMORY OF a family member or a friend, please complete this request and return it along with your completed pledge form to the following address:

BUDGET OFFICE
226 Business Services
Athens, Ga. 30602

I am making this contribution IN MEMORY OF:

Mr.
Mrs.
Ms.

(Person's Name)

Please send acknowledgment to:

Mr.
Mrs.
Ms.

Address	City	State	Zip
---------	------	-------	-----

Amount of my contribution: _____

Charity designated to receive my contribution: _____

My name and address:

Mr.
Mrs.
Ms.

Address	City	State	Zip
---------	------	-------	-----

Department at UGA: _____

2017 STATE CHARITABLE CONTRIBUTIONS PROGRAM
HONORARY Contribution Acknowledgment Request

If you want to make your contribution IN HONOR OF a family member or a friend, please complete this request and return it along with your completed pledge form to the following address:

BUDGET OFFICE
226 Business Services
Athens, Ga. 30602

I am making this contribution IN HONOR OF:

Mr.
Mrs.
Ms.

(Person's Name)

Please send acknowledgment to:

Mr.
Mrs.
Ms.

Address	City	State	Zip
---------	------	-------	-----

Amount of my contribution: _____

Charity designated to receive my contribution: _____

My name and address:

Mr.
Mrs.
Ms.

Address	City	State	Zip
---------	------	-------	-----

Department at UGA: _____