

2023 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: \_\_\_\_\_

2023 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:

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Mrs.  
Ms.

\_\_\_\_\_  
Address City State Zip

Department at UGA: \_\_\_\_\_