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

	Athens, Ga. 30602		
I am making this contribution IN MEM	IORY OF:		
Mr.			
Mrs. Ms.			
IVI3.	(Person's Name)		
Please send acknowledgment to:	(i diddird italiid)		
Mr.			
Mrs. Ms.			
IVIS.			
<u> </u>			
Address	City	State	Zip
Amount of my contribution:			
Charity designated to receive my c	ontribution:		
My name and address:			
Mr.			
Mrs.			
Ms.			
Address	City	State	Zip
Department at UGA:			
2023 STATE (CHARITABLE CONTRIBUTION	ONS PROGRAM	
HUNUF	RARY Contribution Acknowle	agment Request	
If you want to make your contribution			nis request and
return it along with your completed p	ledge form to the following address:		
	BUDGET OFFICE		
	226 Business Services		
	Athens, Ga. 30602		
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Mr.			
Mrs. Ms.			
IVIO.	(Person's Name)		
Please send acknowledgment to:	(. 5.555 . 155)		
Mr.			
Mrs.			
Ms.			
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Address	City	State	Zip
Amount of my contribution:			
Charity designated to receive my co	ontribution:		
My name and address:			
Mr.			
Mrs.			
Ms.			
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Address	City	State	Zip
Department at UGA:			