



Please complete this form and mail to the address below. Thank you for your support!

FOUNDATION NORTH  
667 Perry House Road  
Fitzgerald, GA 31750

FOUNDATION SOUTH  
4089 Val Tech Road  
Valdosta, GA 31604-2528

### Personal Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ e-mail \_\_\_\_\_

Company \_\_\_\_\_

### Pledge Information

I donate the following amount to: \_\_\_\_\_ Foundation North \_\_\_\_\_ Foundation South

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Total Pledge

Amount Paid

Amount Due

Please bill me:  Quarterly  Monthly

I will be paying by:  Check  VISA  Master Card

If you would like to restrict your donation to a specific department, please list below:

\_\_\_\_\_

What is the best time of day to contact you? \_\_\_\_\_

*Thank you again for your support! A representative from the Foundation will be contacting you to confirm your pledge.*