



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

FOUNDATION
P. O. Box 2528
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.