



Middle Georgia State University Foundation

I commit to a total contribution of \$ _____ to the Middle Georgia State University Foundation, Inc.

Signature _____

Date _____

DONOR INFORMATION (Please print)

Name _____

Address _____

City, State, Zip _____

Phone _____

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In publications, list as _____

I wish to remain anonymous

PAYMENT OPTIONS (Select one)

Check Enclosed
Payable to Middle Georgia State University Foundation

Pledge
Remind me Monthly Quarterly Other _____

Charge to my Credit/Debit Card
 MC Visa Discover AMEX

Account Number* _____ / _____
Exp MM* Exp YYYY*

Security ID Number (3- or 4-digits)* _____ Credit Card Billing Phone Number* _____

Name (as it appears on card)* _____

Credit Card Billing Address* Billing address is the same as above

* Required to process payment

MAKE YOUR GIFT ONLINE AT WWW.MGA.EDU

Return to Middle Georgia State University Foundation, Inc.
100 University Parkway | Macon, GA 31206

MATCHING GIFTS PROGRAM

Your employer may match your gift.
Check with the Human Resources Department or visit www.matchinggifts.com/mga.

YES! MY EMPLOYER WILL MATCH MY GIFT.

Employer's Name: _____

I have enclosed a completed matching gift form.

I will mail my matching gift form later.

Other: _____

SPECIAL INSTRUCTIONS

My contribution is made In Honor of In Memory of

Name: _____

Please send notification to:

Name: _____

Address: _____

City/State/Zip: _____

Unrestricted Fund: Gifts made to the Unrestricted Fund help fulfill the greatest needs of the University by supporting scholarships, classroom and program enhancements and quality academics for our students.

Please designate my gift to: Scholarships Endowment
 Other _____

PLANNED GIVING

Please remember the Middle Georgia State University Foundation in your will or estate plan, and let us know if you do.

I would like more information about Planned Giving.

I have included MGA Foundation in my will or estate plan.

I want my gift to support _____.

Please contact me at _____.

Thank you for your support!

