



BOBBY JONES GOLF COURSE FOUNDATION

"Home of Golf in Georgia"

Pledge Form

Donor Information

Name _____
Billing Address _____
City, State, Zip Code _____
Phone _____
Email _____

Pledge Information

I (we) pledge a total of \$ _____ to be paid as:

A one-time gift Annually over _____ years beginning (month) _____ / (year) _____

I (we) plan to make this contribution in the form of: Cash Check Stock *Other (*see below*)

If you are donating stock or other securities please request a Stock Donation Information Form or print the form from our website at www.bjgcfoundation.org.

*Method of other form of gift: _____

Gift will be matched by (company/family/foundation): _____

Gift is made in honor or memory of: _____

Payment enclosed Payment will be sent later

Acknowledgement Information

I (we) wish to have our gift remain anonymous.

Please use the following name(s) in all acknowledgements: _____

Signature(s)

Date

Thank you for your support of the Bobby Jones Golf Course Foundation. Your gift is tax deductible as provided by law. For additional information, contact Marty Elgison by email at: info@BJGCFoundation.org.

Please return this pledge form to:
Marty Elgison, President
Bobby Jones Golf Course Foundation, Inc.
2560 Brookdale Drive, NW
Atlanta, Georgia 30305