



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.

*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 The Bobby Jones Golf Course Foundation.

Please return this pledge form to:
Bobby Jones Golf Course Foundation, Inc.
2205 Northside Drive, NW
Atlanta, Georgia 30305