



AUGUSTA UNIVERSITY  
**FOUNDATION**

**PLEDGE/GIFT INTENTION FORM**

Donor(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Donor Address: \_\_\_\_\_

Donor Email: \_\_\_\_\_

In recognition and support of Augusta University, I/we commit to contribute to Augusta University Foundation as detailed below.

Gift to Fund Number: \_\_\_\_\_ Fund Name: \_\_\_\_\_

Total Gift Amount: \_\_\_\_\_ Gift Designation: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Gift Schedule**

Gift Amount: \_\_\_\_\_ Gift Date: \_\_\_\_\_

Gift Amount: \_\_\_\_\_ Gift Date: \_\_\_\_\_

Gift Amount: \_\_\_\_\_ Gift Date: \_\_\_\_\_

Gift Amount: \_\_\_\_\_ Gift Date: \_\_\_\_\_

Gift Amount: \_\_\_\_\_ Gift Date: \_\_\_\_\_

Upon receipt of the gift, the university may publish this gift among donors recognized for their support of Augusta University.

For recognition purposes, my/our name(s) should be listed as follows:

By checking this box, I request that my gift remain anonymous.

I am aware and acknowledge that when making this gift and future gifts to the Foundation they become the property of the Augusta University Foundation to be used in support of the fund or purpose outlined herein. Neither I, nor any other individual, will receive any goods, services, or other private benefit from the organization as consideration for the amount of the contribution that is tax deductible. My signature below confirms my intent to fulfill my pledge to the best of my ability within the time period detailed above, and my commitment to support the mission of the Augusta University Foundation.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed form to Philanthropy & Alumni Engagement at Augusta University.**

1120 15th Street, AD-1104, Augusta, GA 30912

[giftprocessing@augusta.edu](mailto:giftprocessing@augusta.edu)

(706)-721-4001

-----Foundation use only-----

Reviewed by:

Name \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
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