

# THE FOUNDATION DONATION FORM

*I hereby support the work of the Foundation this year with the enclosed pledge.*

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

*(As it should appear in our Annual Report: e.g., Joe Smith, MD, Dr., Drs., Dr. and Mrs., etc.)*

## Annual Fund Donor Recognition Clubs

- |  |  |
|--|--|
| <input type="checkbox"/> The Founders Club (\$25,000+)<br><input type="checkbox"/> <i>The 1947 Circle</i> (\$5,000+)<br><input type="checkbox"/> <i>The 1958 Circle</i> (\$2,500-\$4,999)<br><input type="checkbox"/> <b>The Legacy Club</b> (\$1,000-\$2,499) | <input type="checkbox"/> Patrons (\$500-\$999)<br><input type="checkbox"/> Benefactors (\$250-\$499)<br><input type="checkbox"/> Sponsors (\$100-\$249)<br><input type="checkbox"/> Friends (\$1-\$99) |
|--|--|

**Total Pledge:** \_\_\_\_\_

**Pledge Date:** \_\_\_\_\_

**I will make payments:**

**Please bill me:**

- annually  
 quarterly  
 monthly  
 other \_\_\_\_\_

*Must be paid in full by November 1, 2008*

**Monthly Automatic Credit Card Deductions for (Patron level and above)**

**Please charge my credit card:** Amount: \$ \_\_\_\_\_

VISA       MasterCard       AMEX       Discover

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

**Please send me an invoice.**

**I have enclosed a check for:**

- partial payment on my pledge  
 full payment of my pledge

**I would like to designate my support for:**

- Disaster Relief Fund  
 Family Medicine Interest Group (Medical Students)  
 T A Sappington Scholarship for (FMIGs)  
 Tar Wars Tobacco-Free Prevention Program  
 other: \_\_\_\_\_

**I have included in my will or estate plan- the Foundation of the GAFF.**

**I am interested in including in my will or in making some other deferred gift to-the Foundation of the GAFF, please contact me.**

**I wish to make my gift:**

**in memory of:** \_\_\_\_\_

**in honor of:** \_\_\_\_\_

**Please send an acknowledgment to:** \_\_\_\_\_

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

**I would like to provide support for: (name your project below)**

**Contact:** \_\_\_\_\_

*Please return this form and your contribution to:*

The Foundation of the GAFF  
 Northlake Commons  
 3760 LaVista Road, Suite 100  
 Tucker, GA 30084  
 Fax: 404-321-7450

**All donations are tax deductible**

**The Foundation is a 501 (c) (3) tax-exempt organization, Federal ID# 58-6212478**

**Questions?** Call Jacquelyn Butts  
 404-321-7445 or email [jbutts@gafp.org](mailto:jbutts@gafp.org)