PGA OF AMERICA
REACH FOUNDATION
GEORGIA

I will donate $ _____ to PGA REACH Georgia

☐ MONTHLY DONATION ☐ ONE-TIME DONATION

☐ MULTI-YEAR DONATION for _____ years

Making your donation online saves time and expense, allowing us to do more with every dollar.
*Please consider donating online at **pgareachgeorgia.org***

Full Name(s): _____

Company/Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ ☐ Cell ☐ Home Email: _____ @ _____

☐ I WILL PAY WITH A CHECK. *(please ensure checks are payable to Georgia PGA Foundation)*

☐ I WILL PAY WITH A CREDIT CARD.

Card #: _____ Exp. Date: _____ ☐ Visa ☐ MC ☐ Disc ☐ AmEx

CVC #: _____ Name as it appears on card *(please print)*: _____

Billing Address: ☐ same as above

City: _____ State: _____ Zip: _____

Email *(required)*: _____ @ _____

Your signature: _____ Date: _____

OPTIONAL INFORMATION

☐ I would like to receive the PGA REACH Georgia quarterly E-newsletter that highlights the lives my donation has positively impacted.

☐ Please send me information about PGA REACH Georgia events, programs, and volunteer opportunities.

☐ I would like information about including PGA REACH Georgia in my estate plans.

Thank you for supporting our mission through your generous contribution.

PGA REACH Georgia Federal Taxpayer I.D. #58-1243297

PGA REACH GEORGIA
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ATLANTA, GA 30305

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