

ROCK EAGLE POOL FUND CONTRIBUTION FORM

YES! I will support the Georgia 4-H Rock Eagle Pool Fund by becoming a:

_____ Lifesaver	\$10,000 and above
_____ Diver	\$ 5,000 - \$9,999
_____ Strong Swimmer	\$ 2,500 - \$4,999
_____ Paddler	\$ 1,000 - \$2,499
_____ Wader	\$ 500 - \$ 999
_____ Supporter	\$ 499 and below

**Please see reverse for description of giving levels and recognition opportunities.*

- I would like to make a donation to support the pool at Rock Eagle 4-H Center and I have enclosed a check in the amount of \$_____ payable to the Georgia 4-H Foundation.
- I would like to make a donation to support the pool at the Rock Eagle 4-H Center. Please charge \$_____ to my: Visa Master Card

Card Number: _____

Expiration Date: _____ Name as it Appears on Card: _____

- I am pledging \$_____ payable to the Georgia 4-H Foundation with the following payment schedule: _____

- I have submitted a Matching Gifts form to my company.

Company Name: _____ Amount: \$_____

- Contact me about making a donation for a commemorative naming opportunity
(contributions of \$175,000 and above).

- I would like this gift to remain anonymous.

Name (as you would like to be recognized)

Contact Person

Telephone

Mailing Address

City

State

Zip

All tax deductible donations will be designated to support the Rock Eagle Pool Fund.

Please complete this form and mail to the Georgia 4-H Foundation in the enclosed envelope to:
306 Hoke Smith Annex, The University of Georgia, Athens, GA 30602