



*Gift OR
Pledge*

Griffin Technical College Foundation
501 Varsity Road
Griffin, GA 30223
Telephone: 770-229-3443
Fax: 770-229-3236

1. Name _____
Home phone _____ Home fax _____
Address _____

Business phone _____ Business fax _____
Business address _____

Business email _____ Personal email _____

If Alumni, class year(s) _____ Program of Study _____

Outright Contribution

- I wish to make an outright gift of \$ _____ payable to the "Griffin Technical College Foundation" (check enclosed).
- I wish to make a gift of property: real estate other _____

Pledge

- I pledge to make our total gift of \$ _____ in equal installments of \$ _____ beginning in _____ (mo/yr).
I intend to make payments: monthly quarterly semi-annually annually. Please send reminders

Corporate Matching Gift

- My gift above will be enhanced with corporate matching funds from (list employer) _____

Gift Designation

- I wish my/our gift to be used: where the need is greatest
 designated for the specific areas of _____

- Please note, I have included Griffin Technical College in my will
- Please note, I would like my gift to be confidential

Signature _____ Date _____