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# MEDICAL COLLEGE OF GEORGIA FOUNDATION, INC.

## DECLARATION OF GIFT INTENT

In support of the work of the Medical College of Georgia, I want to provide for future generations and to ensure the continuity of the mission and goals of the Medical College of Georgia.

(Donor) agrees to pay to Medial College of Georgia Foundation  
(donor name) the (amount) (the "Pledge") by the end of calendar year,  
. Donor agrees that the Pledge is due and payable not later than the  
following due dates:

\$ by December 31, 20\_\_  
\$ by December 31, 20\_\_  
\$ by December 31, 20\_\_  
\$ by December 31, 20\_\_  
\$ by December 31, 20\_\_

This gift is for the stated purpose of:

This letter of intent represents my commitment to the work of the Medical College of Georgia.

Name: \_\_\_\_\_  
*Please Print*

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

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

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

You may mention and/or print my name for recognition purposes and where it may serve as an encouragement to others to make similar commitments.