

PRO PLAYERS

GIVE ★ BACK

CONTRIBUTION FORM

Mail completed Contribution Form to: The Fund For Philanthropy, Attn: Tony Suber, 475 E. Main Street #154
Cartersville, GA 30121

ACCOUNT INFORMATION

ACCOUNT NUMBER	<input type="text"/>	<input type="checkbox"/> NEW	<input type="checkbox"/> EXISTING
NAME (First, Middle, Last)	<input type="text"/>		
MAILING ADDRESS	<input type="text"/>		
CITY	<input type="text"/>	STATE	<input type="text"/>
		ZIP	<input type="text"/>
CONTACT NUMBER #1	<input type="text"/>	CONTACT NUMBER #2	<input type="text"/>
EMAIL	<input type="text"/>		



GO GREEN!

I wish to receive electronic notifications instead of paper statements and cut down on paper usage.

CONTRIBUTION

Please note that the minimum contribution is \$25,000 for initial gifts. Please contact a Giving Fund Representative at 404.825.9529 if you plan to contribute physical share certificates, real estate or other property or non-traditional assets.

FOR CASH CONTRIBUTIONS

CHECK \$

(Please make check payable to The Fund for Philanthropy and mail it with the completed Contribution Form.)

WIRE \$ BANK OF ORIGATION

WIRE INSTRUCTIONS: Please make sure that the Contribution Form is mailed to The Fund For Philanthropy before sending the wire.

ABA#: 062005690	Bank Name: Regions Bank
Account #: 0175285223	Account Name: The Fund For Philanthropy
City/State: Atlanta, GA	

FOR SECURITIES OR MUTUAL FUND CONTRIBUTIONS

- If you are contributing securities or mutual funds, please contact The Fund For Philanthropy at 404.825.9529 for instructions.

APPROXIMATE VALUE OF TRANSFERRED SECURITIES	THE FUND FOR PHILANTHROPY — ACCOUNT NUMBER
<input type="text"/>	DTC#: 0026 Code: CDQ000118
BROKER NAME	Custodian: NFS
<input type="text"/>	Beneficiary Account Name: The Fund For Philanthropy
FIRM NAME	<input type="text"/>



SIGNATURES

I acknowledge that I have read the Contribution Form and agree to the terms and/or conditions described therein. I understand that any contribution, once accepted by The Fund For Philanthropy, represents an irrevocable contribution and is not refundable to me. I hereby certify that, to the best of my knowledge, all information presented in connection with this form is accurate, and I will promptly notify The Fund For Philanthropy in writing of any changes. (Please attach any additional donor signatures.)

DONOR 1 SIGNATURE

TITLE

DONOR 1 PRINT NAME

DATE

DONOR 2 SIGNATURE

TITLE

DONOR 2 PRINT NAME

DATE

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