



**FRIENDS OF CAMPUS LIFE
GIFT RECEIPT**

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Donor Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number: _____ Email: _____

First Time Donor _____ Returning Donor _____ **Amount of Donation \$** _____
(\$40.00 minimum donation)

Cash _____ Check _____ Credit Card: VISA _____ Master Card _____ Am Exp _____ Discover _____

Credit Card #: _____ Exp: _____ Sec Code: _____

Make Check Payable to **The UGA Foundation**. Memo: Friends of Campus Life

I acknowledge this tax deductible gift to the Department of Campus Life as a contribution which has no conditions or restrictions on the use of the funds except that they may be used to benefit a general/specific area of endeavor. As a Friend of Campus Life I will be afforded limited privileges for services and programs offered by this department. This donation will be valid for the current calendar year.

Donor Signature _____

Please print and bring this form to the Tate Student Center Business Office

Thank you for supporting Friends of Campus Life

Business Office Use:		
Date Received: _____	Donor Card Number: _____	
Received by: _____	Calendar Year: _____	Amount: \$ _____