

GATEWAY OF CHAMPIONS

PLEASE JOIN COACH MEYER IN BUILDING OUR "GATEWAY OF CHAMPIONS"

MEMBER INFORMATION

FIRST NAME

M.I.

LAST NAME

ADDRESS

CITY

STATE

ZIP

HOME PHONE

BUSINESS PHONE

EMAIL ADDRESS

ARE YOU CURRENTLY A MEMBER OF GATOR BOOSTERS, INC. _____ YES _____ NO

RECOGNITION

___ **YES, I WOULD LIKE RECOGNITION FOR MY GIFT. PLEASE LIST MY NAME IN ALL PUBLICATIONS AND RECOGNITIONS AS FOLLOWS:**

___ **NO, I DO NOT WANT ANY RECOGNITION FOR MY GIFT. I WOULD LIKE MY GIFT TO REMAIN ANONYMOUS.**

CONTRIBUTION LEVELS

___ ULTIMATE GATOR EXPERIENCE \$5,000,000

___ DINNER WITH THE A.D. \$50,000

___ EVENING WITH THE MEYERS \$1,000,000

___ ORANGE & BLUE GAME PASS \$25,000

___ GATOR TUNNEL EXPERIENCE \$1,000,000

___ SPRING PRACTICE ALL-ACCESS \$15,000

___ FILM SESSION BREAKDOWN \$500,000

___ NAME IN LIGHTS \$5,000

___ DINNER ON FLORIDA FIELD \$250,000

___ THANK YOU \$1,000

___ ALL-AMERICAN DINNER \$100,000

___ OTHER AMOUNT \$ _____

SCHEDULE OF PAYMENTS

- ___ 2-YEAR PAYMENT PLAN (\$5,000 DONATION LEVEL AND UP)
- ___ 3-YEAR PAYMENT PLAN (\$15,000 DONATION LEVEL AND UP)
- ___ 5-YEAR PAYMENT PLAN (\$25,000 DONATION LEVEL AND UP)

SIGNATURE

SIGNATURE REQUIRED FOR PLEDGE AND/OR CREDIT CARD PAYMENTS (I AUTHORIZE PAYMENT & SCHEDULE OF PAYMENTS AS INDICATED).

PAYMENT DATE

AMOUNT

___/___/___	\$ _____
___/___/___	\$ _____
___/___/___	\$ _____
___/___/___	\$ _____
___/___/___	\$ _____

TAX DEDUCTION

PLEASE CHOOSE THE LEVEL OF TAX DEDUCTION YOU WOULD LIKE TO RECEIVE. UNDER IRS RULES, YOUR PAYMENT WILL BE TREATED AS A CHARITABLE CONTRIBUTION ONLY TO THE EXTENT IT EXCEEDS THE VALUE OF ANY BENEFIT WE PROVIDE YOU IN RETURN FOR YOUR CONTRIBUTION. IN ADDITION, IF YOU ELECT TO RECEIVE FOOTBALL PRIORITY POINTS FOR TICKETS TO FOOTBALL RELATED EVENTS, ONLY 80% OF THE AMOUNT OTHERWISE CONSIDERED TO BE A GIFT WILL QUALIFY AS A CHARITABLE CONTRIBUTION.

PLEASE SELECT ONE OF THE FOLLOWING:

___ **I DO NOT** WANT TO RECEIVE FOOTBALL PRIORITY POINTS AND WOULD LIKE FULL TAX DEDUCTION MINUS THE VALUE OF ANY GIFTS RECEIVED.

___ **I DO** WANT TO RECEIVE FOOTBALL PRIORITY POINTS. I UNDERSTAND THAT UNDER IRS RULES, ONLY 80% OF THIS GIFT WILL QUALIFY AS A CHARITABLE CONTRIBUTION DUE TO THE RECEIPT OF PRIORITY POINTS.

PAYMENT INFORMATION

MAKE CHECKS PAYABLE TO THE UNIVERSITY OF FLORIDA FOUNDATION.

CARD NUMBER

EXP. DATE

BILLING ADDRESS/ CITY/ STATE/ ZIP (IF DIFFERENT THAN ADDRESS GIVEN)