



I/We hereby pledge a total of \$ _____ to the
University of Florida Institute of Food and Agricultural Sciences (UF/IFAS),
payable to the University of Florida Foundation, Inc., to support:

Four horizontal lines for handwritten information.

- One time Gift
Check enclosed
I will make my gift by ____, 20 __
Pledge to be paid in 5 annual payments of \$ ____
First payment of \$ ____ enclosed
I will start making payments ____, 20 __

Please make checks payable to UF Foundation, Inc.

I/We would like this gift to be recognized as "Anonymous"

Please record this gift as follows:

Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

For more information please contact:

Caylin Hilton, Assoc. Director
UF/IFAS Advancement
352.392.5432
cnewbern@ufl.edu

Please mail form and gift to:

UF/IFAS Advancement
P.O. Box 110170
Gainesville, FL 32611-0170