



UGA Parents and Families Association Membership Application

Yes! I/We would like to be a part of the UGA Parents and Families Association. Enclosed is my tax-deductible gift to The Arch Foundation for the Parents and Families Fund.

Please print form and return with check or credit card information to:
UGA Parents and Families Association
Student Affairs
201 Holmes/Hunter Academic Building
Athens, GA 30602-6111
Or fax to: 706-542-8225

A one time minimum gift of \$75 covers membership in the Parents and Families Association during your student(s) entire undergraduate enrollment at the University of Georgia. All contributors are recognized as University of Georgia donors and your gift is tax deductible.

Payment Information

\$ _____ Parents and Families Association Membership (\$75)

\$ _____ Additional gift to support the Parents and Families Fund

\$ _____ Total

Payment Method

_____ Check enclosed made **payable to The Arch Foundation**

_____ Visa _____ Mastercard _____ Discover _____ American Express

Card Number: _____

Expiration Date: ____/____

Name as it appears on the card: _____

Please note: Gifts may also be made online at:

<http://www.uga.edu/studentaffairs/pfassociation/giving.shtml>

Association Membership Information:

1. Parent/Guardian Name:

Home Address:

City:

State:

Zip:

Home Phone: ()

Business Phone: ()

Cell Phone: ()

Email:

Name of Business:

Job Title:

UGA Alum: _____ Yes Graduation Date(s): _____

Degree:

If not, list college attended, date(s), and degree:

2. Parent/Guardian Name:

Home Address:

City:

State:

Zip:

Home Phone: ()

Business Phone: ()

Cell Phone: ()

Email:

Name of Business:

Job Title:

UGA Alum: _____ Yes Graduation Date(s): _____

Degree:

If not, list college attended, date(s), and degree:

Student Information

Please list all children: students, alumni, others. Include nicknames in parentheses.

Name

UGA or Other College/class

High School/Year
