



Gator Bollard Project



Personal Information

Membership Name _____

First Name _____ Middle Initial _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

E-Mail Address _____ Phone Number _____

Payment Information

*Please make checks
payable to
Gator Boosters, Inc.*

☐ Check

Credit Card # _____

☐ Credit Card

Expiration Date: _____ Zip Code for CC _____

Amount to charge today \$ _____ 1 year, _____ 2 years up to
\$10,000 5 years
Amount each year

☐ YES, I would like to receive priority
points for my gift
☐ Please select sport

_____ Football
_____ Men's Basketball
_____ Baseball

Due to changes in tax law, if points are taken gifts are not tax deductible

☐ NO, I do not wish to receive
priority points for my gift

Gifts are 100% tax deductible

Bollard Information

Each line is limited to 20 characters (including spaces and special characters)

Bollard Number _____

Line 1 _____

Line 2 _____

Line 3 _____

Please sign & Date: _____



Please return information to:
Gator Boosters, Inc. Attn: Gator Bollard Project
P.O. Box 13796 Gainesville, FL 32604
(352) 375-4683 x5000

updated 8/14/2020