

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

Payment Method: Check Credit Card # _____

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

Credit Card Expiration Date: Month _____ Year _____

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

YES, I would like to receive priority points for my gift (*select sport*)
Gifts are 80% tax deductible Football
 Men's Basketball

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 _____

Sample Bollard Plaque

12"



Letters are 5/8" tall

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