



The Gate Golf Club Pledge Form

Donor Information

Name _____

Billing Address _____

City, State, Zip Code _____

Phone _____

Email _____

Pledge Information

I (we) pledge a total of \$_____ to be paid as:

☐ A one-time gift ☐ Annually over _____ years beginning (month) _____/(year) _____

I (we) plan to make this contribution in the form of: ☐ Cash ☐ Check ☐ Stock

If you are donating stock or other securities, please request a Stock Donation Information Form by sending an email to: donations@thegategolf.org

Gift will be matched by (company/family/foundation): _____

Gift is made in ☐ honor or ☐ memory of: _____

☐ Payment enclosed ☐ Payment will be sent later

Acknowledgement Information

☐ I (we) wish to have our gift remain anonymous.

☐ Please use the following name(s) in all acknowledgements: _____

Signature(s)

Date

Thank you for your support of The Gate Golf Club, a 501c3 public charity (EIN #93-4945243). Your gift is tax deductible as provided by law.
For additional information, please contact your tax advisor.

Please return this pledge form to: donations@thegategolf.org

The Gate Golf Club, Inc.
1130 Creekside Parkway, #112666
Naples, FL 34109