



AQUATROLS' ROBERT A. MOORE ENDOWMENT FUND DONATION FORM

The purpose of the Aquatrols' Robert A. Moore Endowment Fund is to support applied research for optimizing the growing environment for golf course turf, with specific goals for increasing the effectiveness of applied water, fertilizers and pesticides and thereby reducing the total requirements. The goal is to develop maintenance practices that result in beautiful golf courses with minimal impact on the environment and consumption of resources.

DONATING IS EASY

Mail	Fax	Phone	Online
<i>check payable to:</i> Environmental Institute for Golf 1421 Research Park Drive Lawrence, KS 66049-3859	completed form with credit card information to (785) 832-4448	(800) 472-7878, 4445 with credit card information	Click on the "Donate" button on www.eifg.org

*The Environmental Institute for Golf is a 501(c)3 organization and gifts are tax-deductible.
Tax ID # 59-0994338 Your tax advisor can provide you with information specific to your gift.*

PLEASE ACCEPT MY GIFT TO THE ENVIRONMENTAL INSTITUTE FOR GOLF.

Check one:	<input type="checkbox"/> Individual donation	<input type="checkbox"/> Chapter donation	<input type="checkbox"/> Corporate donation	<input type="checkbox"/> Golf Facility donation
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I am making a ONE TIME DONATION:	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$5,000	Other \$_____
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I PLEDGE my gift in the following manner: <small>(Reoccurring donation)</small>	<input type="checkbox"/> Monthly	12 monthly payments	of \$_____	for a total amount of \$_____
	<input type="checkbox"/> Quarterly	4 quarterly payments	of \$_____	for a total amount of \$_____
	<input type="checkbox"/> Yearly	1 payment a year for _____ years	of \$_____	for a total amount of \$_____

Payment options:	
<input type="checkbox"/> Check	Enclosed is my check for \$_____ (made payable to The Environmental Institute for Golf) <small>According to my request, please invoice me each month/quarter/year.</small>
<input type="checkbox"/> Credit Card	Please charge my credit card \$_____ today. <small>According to my request, please charge my credit card each month/quarter/year.</small>

Cardholder name <i>(printed:)</i>	Cardholder signature:
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Credit card # _____ - _____ - _____ - _____ Exp. Date ____ / _____

Credit card information is required to ensure your credit card is securely and properly processed. This information is solely used for the processing of the credit card.

The Institute is a 501(c)(3) tax-exempt organization. Your tax advisor can provide you with information specific to your gift. For more information about The Institute, contact [Teri Harris](#), senior director of development, at (800) 472-7878, ext. 4465.