



ROBERT TRENT JONES ENDOWMENT FUND DONATION FORM

The philanthropic organization of Golf Course Superintendents Association of America

The Robert Trent Jones Endowment Fund was created to provide continued support for research and scholarships to outstanding young people pursuing careers in golf course management by Robert Trent Jones Sr.

3 EASY WAYS TO DONATE:

Mail	Fax	Phone
<i>check payable to:</i> The Environmental Institute for Golf PO Box 219004 Kansas City, MO 64121-9004	completed form with credit card information to (785) 832-3643	(800) 472-7878 with credit card information

Name _____ (if applicable) member # _____

Organization _____

Business Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

Email address _____

*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.*

Annual Giving Clubs
Golden Tee Club Individuals \$100 Organizations \$1,000 to \$4,999
Platinum Tee Club Gift of \$5,000 or more

PLEASE ACCEPT MY GIFT TO THE ENVIRONMENTAL INSTITUTE FOR GOLF.

Check one:	<input type="checkbox"/> Individual donation <i>AARTJ</i>	<input type="checkbox"/> Chapter donation <i>AARTJ</i>	<input type="checkbox"/> Corporate donation <i>AARTJ</i>	<input type="checkbox"/> Golf Facility donation <i>AARTJ</i>
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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: (Reoccurring donation)	<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) According to my request, please invoice me each month/quarter/year.
<input type="checkbox"/> Credit Card	Please charge my credit card \$_____ today. According to my request, please charge my credit card each month/quarter/year.
	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express

Cardholder name (printed:) _____ Cardholder signature: _____

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.

Questions call (800) 472-7878, ext. 3696 • E-mail: hbird@gcsaa.org • www.eifg.org



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