

GOLF GIRLS WORLD

FOUNDATION

DONOR COMMITMENT AND GIFT INFORMATION FORM

YOUR SUPPORT ADVANCES HER JOURNEY

Your contribution helps aspiring female golfers access competitive opportunities and development resources as they pursue advancement toward professional golf. Please use this form to document your gift, recognition preferences, and areas of interest.

Donor / Organization: _____

Date: _____

Thank you for investing in the next generation of women in golf.

1. Donor Information

- | | |
|---------------------------------------|--|
| ☐ Individual | ☐ Corporation / Business |
| ☐ Foundation | ☐ Golf Club / Association |
| ☐ Other: _____ | |

Donor / Contact Name: _____

Organization Name (if applicable): _____

Mailing Address: _____

City / State / ZIP: _____

Phone: _____ **Email:** _____

Preferred Contact Method: ☐ Email ☐ Phone ☐ Mail

2. Gift Commitment

Gift Amount: \$ _____

Gift Type

- | | |
|--|---|
| ☐ One-Time Gift | ☐ Recurring Gift |
| ☐ Corporate Gift | ☐ Matching Gift |
| ☐ In-Kind Contribution | ☐ Sponsorship Interest |
| ☐ Planned / Legacy Gift | ☐ Other: _____ |

If recurring, select frequency

- | | |
|-----------------------------------|---------------------------------------|
| ☐ Monthly | ☐ Quarterly |
| ☐ Annually | ☐ Other: _____ |

Recurring Start Date: _____ **End Date or Number of Payments:** _____

3. Gift Designation

Please indicate how you would like the Foundation to direct your gift. Final use remains subject to applicable Foundation policies and charitable requirements.

- | | |
|--|--|
| ☐ Where Most Needed | ☐ Tournament Entry Fees |
| ☐ Travel and Transportation | ☐ Lodging |
| ☐ Coaching and Instruction | ☐ Caddie Fees |
| ☐ Equipment | ☐ Fitness and Training |
| ☐ Athlete Development Programming | ☐ Other: _____ |

Preferred Program, Event, or Initiative (if applicable):

4. Payment Information

Please select the intended payment method. Do not write full credit card or bank account numbers on this form.

- | | |
|---|--|
| ☐ Check | ☐ Online Payment |
| ☐ Bank Transfer / ACH | ☐ Stock or Securities |
| ☐ In-Kind Contribution | ☐ Other: _____ |

Check Number (optional): _____ **Check Date:** _____

Company Matching-Gift Program (if applicable):

Estimated In-Kind Value (if applicable): \$ _____

Description of In-Kind Contribution: _____

5. Recognition Preferences

How may we recognize your support?

- ☐ List my / our name publicly
- ☐ Please keep this gift anonymous
- ☐ Contact me before any public recognition

Recognition Name (exactly as it should appear):

Recognition Category or Sponsorship Level (if applicable):

6. Tribute Gift

Complete this section only if the gift is being made in honor or in memory of someone.

- ☐ In Honor Of ☐ In Memory Of

Honoree Name: _____

Notify the Following Person / Family:

Notification Address or Email: _____

Message to Include: _____

7. Donor Engagement Interests

Please select any opportunities you would like to learn more about.

- | | |
|---|--|
| ☐ Tournament Sponsorship | ☐ Scholarship / Grant Sponsorship |
| ☐ Corporate Partnership | ☐ Volunteer Opportunities |
| ☐ Mentoring Young Golfers | ☐ Fundraising Events |
| ☐ Equipment or Product Donations | ☐ Hosting a Golf Event |
| ☐ Serving on a Committee | ☐ Planned Giving |

Additional Interests or Comments: _____

8. Donor Acknowledgment

I confirm that the information in this form is accurate and reflects my or our intended charitable contribution. I understand that acceptance, designation, recognition, and acknowledgment of gifts are subject to the Golf Girls World Foundation's policies and applicable law. No goods or services have been promised in exchange for this contribution unless described below.

Goods or Services Provided in Exchange (if any):

Donor / Authorized Representative Signature: _____ **Date:** _____

Printed Name and Title: _____

Once the application is completed, please download the application and email it to the following email: info@golfgirlsworldfoundation.org

Important Notice

The Foundation should provide contribution acknowledgments and tax-related statements only after confirming its legal and tax status and reviewing the language with qualified counsel or a tax professional. Donors should consult their own advisors regarding deductibility and valuation, especially for non-cash gifts.

Foundation Processing Section

FOR INTERNAL USE ONLY

Date Received: _____

Gift Amount / Recorded Value: \$ _____

Payment Method: _____

Transaction, Check, or Deposit Reference:

Gift Designation / Fund: _____

Campaign / Appeal Code: _____

Acknowledgment Sent On: _____

Tax Receipt or Written Acknowledgment Required: ☐ Yes ☐ No ☐ Review Needed

Matching Gift Follow-Up: ☐ Yes ☐ No ☐ Not Applicable

Recognition Preference Confirmed: ☐ Public ☐ Anonymous ☐ Contact Donor

Processing Notes

Processed By: _____ Date: _____

Reviewed / Approved By: _____ Date: _____