

GEORGIA PECAN GROWERS ASSOCIATION, INC

P.O. Box 1367 • Tifton, GA 31793/ 220 E Second Street, Suite A • Tifton, GA 31794

Phone: 229-382-2187 – Fax: 404-393-9298

www.georgiapecan.org • email: mary@georgiapecan.org

Dear Georgia Pecan Supporter,

The Georgia Pecan Growers Association will hold our **Annual Fall Field Day on Thursday, September 3, 2026**. The event will be held at **Southern Hills Orchards located at 441 Laramore Road, Leesburg, GA 31763**. Registration will begin at 8:15 AM with the program starting at 9:00 AM. Lunch will be provided following the program.

GPGA needs *your* support to help provide lunch for the anticipated **400 growers in attendance**.

Sponsorship Recognition	Tram & Meal Sponsor \$1,000	Meal Sponsor \$500	Supporting Sponsor \$250
Logo Recognition in Program	X	Company Listed	Company Listed
Logo Recognition on Welcome & Lunch Banner	X	Company Listed	Company Listed
Logo in October Magazine	X	Company Listed	Company Listed
Number of Admissions to Event	3	2	1
Logo Recognition on georgiapecan.org	X	Company Listed	
Logo on Tram Banners	X		

Your commitment is requested by **Friday, August 7th** to meet the publishing deadline for the program.

Please complete the enclosed form and return it to **GPGA, PO BOX 1367, Tifton, Georgia 31793**, or scan and email directly to scout@georgiapecan.org. If you wish to pay by credit card, please call our office at **229-382-2187**.

Thank you for your continued support of the Georgia Pecan Growers Association and the pecan industry. We look forward to seeing you Thursday, September 3rd in Leesburg, GA!

Respectfully,



Mary Bruorton
Executive Director

Please complete and return by Friday, August 7, 2026, to meet the printing deadline for the Educational Booklet/Program.

Email: scout@georgiapecan.org OR Mail: PO Box 1367, Tifton, GA 31793

Sponsorship Level (Circle One): \$1,000 \$500 \$250 = _____

Additional Attendees (\$40/attendee)..... _____ = _____

TOTAL: \$ _____

Contact Information:

Sponsor/Company Name: _____

Key Contact Person: _____

Billing Address: _____

Email Address: _____ Phone: _____

ATTENDEES TO FIELD DAY:

Attendee(s)Names: _____

Please Send Invoice To:

Company Name: _____

OR Pay by Card (Can also pay by card by calling our office directly at (229)-382-2187):

Name as it Appears on the Card: _____

Card Number: _____

Expiration Date: ___/___ Security Code: _____ Circle: VISA AMEX MASTERCARD DISCOVER

OR Check Enclosed

Check Number Enclosed: _____