



## Georgia School Nutrition Foundation Donation Form

***Join us as we "Build Healthy Children, Ready to Learn"!***  
*Contribute to the GSN Foundation. All contributions are tax deductible.*

***Gifts may be made in honor of or in memory of someone special.***

### **I would like to make this contribution:**

in Honor of: \_\_\_\_\_

in Memory of: \_\_\_\_\_

**Please send an acknowledgment to:** \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### **Method of Payment**

Check enclosed  MasterCard  VISA  American Express

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Cardholder Billing Address :

\_\_\_\_\_  
Street address

City

State

Zip Code

*Your gift to the GSN Foundation, a 501c(3) organization, is tax-deductible to the fullest extent allowed by law.  
Thank you.*