



Donation Form

Please select a contribution level:

\$500 \$250 \$100 \$50 Other amount: \$ _____

Payment options:

Check is enclosed

Please charge to: VISA MasterCard Amex Discover

Name as it appears on card: _____

Card number: _____

Exp. Date: _____ CVV/Security Code: _____

Signature: _____ Billing ZIP Code: _____

Donor information

Donor Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Email: _____ Phone: _____

What would you like your donation to support?

General (funds will be used where needed most)

Research

Scholarships

Camp Wannaklot

Is this an anonymous donation? Yes No

Are you making this donation in: memory or honor of someone?

On the occasion of: Anniversary Birthday Graduation Other: _____

Who should we notify about your donation: _____

Address: _____

Please return this form by mail to the address below (Attn: Development Department) or fax to 770-518-3310

Thank you for your donation!