## **Donation Form**



Donor	Information:	
	Name	

	Address			
	City/Zip			
	Telephone			
	Email			
	Teacher and Grade			
Donati	on Information:			
I (we) d	lonate a total of \$	to be paid:		
no	ow monthly quarte	erly yearly.		
ca	olan to make this contribution ash check credit can gdrivefoundation.org)		our website:	
Donation will be matched by (company/family/foundation).				
fo	orm enclosed form will b	e forwarded		
Double your donation! Check our website to see if your employer has a matching gift program.				
Acknow	wledgement Information:			
Please	make this donation in recogr	nition of the following:		
	3			
I (we) wish to have our donation remain anonymous.				
mission		ss specifically directed towa	owards initiatives aligned with our rds another purpose. To direct your	
I (v	we) wish to have our donatio	n used specifically for:		
Signatu	ure(s)	D	ate:	

Please make checks, corporate matches, or other gifts payable to:

Spalding Drive Charter Foundation 130 West Spalding Drive Sandy Springs, Georgia 30328

You will receive a tax donation receipt as soon as your donation is processed.

Thank you for your support of Spalding Drive Charter Elementary!