

## Donation Form

Academy Member ID #\*

Name/Company

Address

City - State – Zip Code

Phone #

Email

\*Not required if not a member

I am making a gift to the Academy of Nutrition and Dietetics Foundation

Date

Amount \$

I would like the gift to support the...

- ☐ Annual Fund
- ☐ Make it a Million Scholarship Campaign
- ☐ Nutrition Education for the Public Fund
- ☐ Research Fund
- ☐ Inclusion, Diversity, Equity and Access Fund
- ☐ Disaster Relief Fund

I would like to make my gift a tribute gift...

☐ Honor of:

☐ Memory of:

Send notification to name and address

I prefer the following payment option...

☐ Check ☐ Credit Card ☐ Other

Credit Card #

Expiration Date

Security Code/CVV

Card Holder's Signature

☐ I prefer my gift to remain anonymous.

**Please make checks payable to: Academy of Nutrition and Dietetics Foundation**

**MAIL TO: AND Foundation LBX #23748**  
**23748 Network Place**  
**Chicago, IL 60673-1237**