

Donation Form



Academy Member ID #*

Name/Company

Address

City - State – Zip Code

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*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 (chosed one):

- Annual Fund
- Make it a Million Scholarship Campaign
- Nutrition Education for the Public Fund
- Research Fund
- Disaster Relief Fund

I would like to make my gift a tribute gift (chosed one):

Honor of:

Memory of:

Send notification to name and address:

Select your 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**