

Donation Form



I am making a gift of \$\_\_\_\_\_ to the Academy of Nutrition and Dietetics Foundation.

I would like my gift to support the...

- Foundation's Annual Fund
 Second Century Initiative
 Nutrition Education for the Public Fund (Kids Eat Right, Future of Food)
 Research
 Scholarships & Awards

Apply my gift to this named fund: \_\_\_\_\_

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

- in honor of \_\_\_\_\_
 in memory of \_\_\_\_\_

Send notification to this address: \_\_\_\_\_

\_\_\_\_\_

I prefer the following payment option...

- Check included
 Bill me at the address below
 Charge my credit card
 MasterCard  Visa  American Express  Discover

Card # \_\_\_\_\_

Expiration date \_\_\_\_\_ CVV \_\_\_\_\_

Signature \_\_\_\_\_

I prefer my gift to remain anonymous.

I would like some information on planned giving to leave a legacy with the Foundation.

Name: \_\_\_\_\_

Academy Member # \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

120 South Riverside Plaza, Suite 2190; Chicago, Illinois 60606-6995

You may email this completed form to the Foundation at foundation@eatright.org