

# Corporate Donation Form



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

Date \_\_\_\_\_  
Amount \$ \_\_\_\_\_

I would like my gift to support the...

Annual 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...

Bill me     Check     Credit Card     Other \_\_\_\_\_

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

Expiration Date \_\_\_\_\_

CVV \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

I prefer my gift to remain anonymous.

Company Name \_\_\_\_\_

Contact \_\_\_\_\_

Address \_\_\_\_\_

City - State – Zip Code \_\_\_\_\_

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](mailto:foundation@eatright.org)