

Donation Form

Academy Member ID # _____
Name/Company _____
Address _____
City - State – Zip Code _____
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Note(s) _____

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
- Disaster Relief Fund
- Nutrition Education for the Public Fund
- Research Fund
- Scholarship Fund Second
- Century Member Campaign

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**
120 South Riverside Plaza, Suite 2190; Chicago, Illinois 60606-6995
Email foundation@eatright.org Phone # 800-877-1600