Donation Form

Academy of Nutrition and Dietetics Foundation

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 (chose 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 (chose 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