

Donation Form 2021



Academy Member ID # _____
Name/Company _____
Address _____
City - State – Zip Code _____
Phone # _____
Email _____
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

**MAIL TO: AND Foundation LBX #23748
23748 Network Place
Chicago, IL 60673-1237**