

**Donation Form**

Updated: 07.27.2021



I am making a gift to the Academy of Nutrition and Dietetics Foundation to support the Annual Sustaining Fund to benefit areas of greatest immediate need.

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

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

Honor of: \_\_\_\_\_

Memory of: \_\_\_\_\_

Send notification to Name \_\_\_\_\_

Send notification to this Address \_\_\_\_\_

Please check this box if your employer matches gifts and you are requesting a donation match from them.

Matching Gift from Company (name) \_\_\_\_\_

Matching Gift Company Address and  
Name of Contact \_\_\_\_\_

I prefer the following payment option...

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

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

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

CVV \_\_\_\_\_

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

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

I prefer my gift to remain anonymous.

Academy Member ID \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City - State – Zip Code \_\_\_\_\_

Phone # \_\_\_\_\_

Email \_\_\_\_\_

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

**Mail to: AND-Foundation LBX  
23748 Network Place  
Chicago, IL 60673-1237**