

Donor Designation Form

Georgia Student Scholarship Organization (SSO), Inc.

Donor's Name _____

Address _____

Telephone Number _____

Please accept the donation for:

Designated School Fund: _____

Please make Donation checks payable to GASSO, Inc.

Donor's Signature _____ Date _____

Return this completed Donor Designation Form, the donation check and a copy of the approved Form IT-QEE-TP1 within 30 days of approval from GADOR to:

GASSO, Inc.
P.O. Box 1752
Cumming, GA 30028
770-331-2654
gassoinc@bellsouth.net