

Donor Designation Form

Georgia Student Scholarship Organization (SSO), Inc.

Donor's Name _____

Address _____

Telephone Number _____

Please accept the donation for:

Designated Student*: _____

Designated School Fund: _____

GASSO's General Fund: _____

***By Designating a student, the donor will not be eligible for a charitable contribution on their Federal Tax Return.**

If the donor does not designate a specific fund or student, the donation will be accepted into GASSO's General Scholarship Fund.

Please make Donation checks payable to GASSO, Inc.

Donor's Signature _____ Date _____

Return this completed application and a copy of the Pre-Approval Form to:

GASSO, Inc.

107 Colony Park Drive

Suite 100

Cumming, GA 30040

678-947-0238

georgiasso@hotmail.com