

# Donor Designation Form

Georgia Student Scholarship Organization (SSO), Inc.

Donor's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

**Please accept the donation for:**

**Designated School Fund: Alpharetta International Academy**

**Please make Donation checks payable to GASSO, Inc.**

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**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](mailto:gassoinc@bellsouth.net)