

Please mail this form to:

Campus Community Partnership Foundation
Attn: Director of Administration
8343 Roswell Road # 341
Atlanta, Georgia 30350-2810

I have enclosed a check in the amount of \$ _____.

My Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Telephone: _____

Email address: _____

My gift is In Honor _____ In Memory _____ of

Please print name

for _____

Occasion

Please notify the following person of my gift:

Name: _____

Address: _____

City, State, Zip _____

Country _____

Campus Community Partnership Foundation is a 501 (c) 3 charitable organization
(Tax ID: EIN 20-1820407)