

Porter Academy Donation Form

Please print this form and send with your donation to

200 Cox Rd. Roswell, GA 30075

Name: _____

Address: _____

Phone number: _____

E-mail address: _____

In Memory of (optional): _____

In Honor of (optional): _____

Please send an acknowledgement card to:

Name: _____

Address: _____

Amount Enclosed \$ _____

I'd like my donation to go to the

Annual Fund (general use) Capital Fund (facility improvements)

Scholarship Fund: specify student (optional) _____

I'm making a gift by:

Check (please make checks payable to Porter Academy)

Credit Card (circle one): Visa MasterCard American Express

Card #: _____ Expiration Date: _____

Signature: _____

Please fill out all the information so we can send you a TAX DEDUCTIBLE thank you letter.
We are accredited and a 501c3 organization.

Thank you!