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Advanced Academy of Georgia

Honors House

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www.advancedacademy.org

1	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	_____	_____
		First Name	Last Name
	_____	_____	_____
	Home Address	City	State Zip Code
	_____	_____	_____
	Home Phone	Work Phone	Email Address
2	<input type="checkbox"/> I would like to take part in the Academy Graduation Year Giving Program*	*Student/Parent gives an amount equal to the student's graduation year (for example 2001 equals \$20.01)	
		In the amount of: \$ _____	
	<input type="checkbox"/> I would like to donate: \$ _____		
	<u>I would like my gift to the Academy to be applied to:</u>		
	<input type="checkbox"/> The Pat Hughes Memorial Scholarship Fund		
	<input type="checkbox"/> The Academy Scholarship Fund		
	<input type="checkbox"/> Academy Programming Fund		
	<input type="checkbox"/> The area of greatest need		
3	My total gift to the Advanced Academy is: \$ _____		
	Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check		
	Please mail donations to the address above. Make checks payable to: University of West Georgia Foundation (Please note the fund you chose above on your check's memo line)		