

Donor Designation Form

Georgia Student Scholarship Organization (SSO), Inc.

Donor's Name _____

Address _____

Telephone Number _____

Please accept the donation for:

Designated School Fund: _____

Please make Donation checks payable to GASSO, Inc.

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.

107 Colony Park Drive

Suite 100

Cumming, GA 30040

678-947-0238

georgiasso@hotmail.com