

Zell Miller

FOUNDATION

GIFT AMOUNT

I would like to make a gift to the Zell Miller Foundation in the amount of \$_____

ABOUT YOUR GIFT

Note:_____

CONTACT INFORMATION

Select One: ___Mr. ___Mrs. ___Ms. ___Dr.

First Name:_____ Last Name:_____

Organization Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Email:_____ Phone:_____

Please check if your company will match your gift to the Zell Miller Foundation.

BILLING INFORMATION

____I have enclosed my check made payable to the Zell Miller Foundation.

Please charge my credit card: ___MasterCard ___Visa ___American Express ___Discover

Credit Card Number:_____ Security Code:_____ Expiration Date:_____

Billing Address (if different from above): _____

City:_____ State:_____ Zip:_____

Cardholder Signature:_____

WHERE TO SEND YOUR GIFT

Please complete this form and mail it with your check/credit card information to:
Zell Miller Foundation, 2289 Paces Ferry Road, SE, Suite 1105, Atlanta, GA 30339

For credit card transactions, you may also donate online at www.millerfoundation.com or
save and email this form to: Lori McClure at lmccclure@millerfoundation.com

If you have any questions, or for more information about gifts of stock or wire transfers, please
contact Lori McClure at lmccclure@millerfoundation.com or 404-977-6709.

Thank you for your gift to the Zell Miller Foundation.