

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, P.O. Box 1588, Young Harris, GA 30582

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.