

# Donor Designation Form

Georgia Student Scholarship Organization (SSO), Inc.

Donor's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Please accept the donation for:

Designated School Fund: Hebron Christian Academy

Please make Donation checks payable to GASSO, Inc.

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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.  
P. O. Box 1752  
Cumming, GA 30028  
678-947-0238  
[georgiasso@hotmail.com](mailto:georgiasso@hotmail.com)