

Donor Recommendation Form

Georgia Student Scholarship Organization (SSO), Inc.

Donor's Name _____

Address _____

Telephone Number _____

Recommended Private School for the donation:

Name of School/City: Covenant Christian Academy/Cumming

Donor's Signature	Date
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Please make Donation checks payable to GASSO, Inc.

Return this completed Donor Recommendation Form, the donation check and a completed Pre-Approval Form (IT-QEE-TP1) to the following location:

GASSO, Inc.
P.O. Box 1752
Cumming, GA 30028
770-331-2654
info@georgiasso.us

Donation is irrevocable. No changes or refunds are allowed.