

North Cobb High School We Are Orange

North Cobb High School Foundation Donation Form Date: _____ Name: Business Name (if applicable)*: Student Name(s)/Grade: Address: _____ City/State/Zip: _____ Phone: _____ Email Address: ____ ☐ Add me to the North Cobb High School Foundation mailing list. Donation amount: \$_____ *Are matching grants available through this employer? (Circle one) Yes No Total Amount of Donation: \$_____ Donation Completed: (check one) Receipt provided at time of donation Mail Receipt □ Online \square Cash ☐ Credit Card (see below) ☐ Check (payable to: NCHSF – North Cobb High School) For Credit card purchases only: Card Type (Circle One) - American Express Discover Mastercard Visa Card Number: Name as it appears on the card:

Please return this form to: North Cobb High School, 3400 Old 41 Hwy, Kennesaw, Ga 30144

Security Code: Expiration Date

Attn: NCHS Foundation

Thank you for your support!

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