



Harrison High School

Proud Home of the Hoyas

Harrison High School Foundation Donation Form

Date: _____

Name: _____

Signature: _____

Business Name (if applicable) *: _____

Student Name(s) _____

Grade _____

Address: _____

City/State/Zip: _____

Phone: _____

Email Address: _____

Donation of \$ _____ *Are matching grants available through employer?
(circle one) Yes No

Total Amount of Donation: \$ _____ Donation
Completed: (check one) Online Credit Card (see below) Receipt
provided at time of donation Cash Email receipt Check (payable to:
CCSF – Harrison High School)

For credit card purchases, only:

Card Type: Amex Discover Card Mastercard Visa Card Number:

Exp. Date: _____

Cardholder Name:

Card Security Code: _____

Please return to: Harrison High School, 4500 Due West Road, Kennesaw, GA
30152 Attn: HHS Foundation

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Foundation, a 501©(3) Georgia non-profit corporation.