



Kathy Cox, State Superintendent of Schools

ATLANTA AREA SCHOOL FOR THE DEAF

Kenney Moore, Director

The Atlanta Area School for the Deaf (AASD) is an educational partner with Georgia's school systems helping them to appropriately serve children who are deaf and hard of hearing. Your thoughtful contribution will help make our programs a reality and support a very special opportunity for our students. We will gratefully appreciate any support you may provide, and we will keep you updated on our progress. Below are listed programs that would benefit from your contribution:

- Prom - hall rental, decorations, gifts, support fees
- Senior Trip - travel fees, tickets
- Athletics - uniforms, referee fees, travel fees, equipment, banquet
- After School Activities - supplies for basketball club, Kids in the Kitchen, Student Council, Drum Class, and more.
- Graduation - printing fees, decorations, gifts, reception food, pictures, program fees
- Yearbook - printing fees, pictures, cameras, program fees

With your donation, our fund-raising efforts will benefit students to achieve their dreams of participating in the full spirit of all activities. With the funds made possible by people like you, we will proudly represent our school and shine as individuals with the power to make a new tomorrow with the opportunities provided today.

Thank you,

The Staff and Students of the Atlanta Area School for the Deaf



Pledge Form

Atlanta Area School for the Deaf

Meets the individual needs of deaf and hard of hearing students by empowering them to achieve their highest potential.

Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (business)	
Fax	
E-Mail	

Pledge Information

I (we) pledge a total of \$_____ to be paid: ___ cash ___ check ___ other.

I (we) pledge to the general fund to be shared by all programs. yes no. **Or**

I (we) would like the donation to be applied to a specific program.

Program Name	Please indicate your program selection ✓	Program Name	Please indicate your program selection ✓
Prom		Graduation	
Athletics		Senior Trip	
Yearbook		After School Activities	

Gift will be matched by _____ (company/family/foundation).
 ___ form enclosed ___ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

___ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

Georgia Department of Education

In the "memo" area, please specify **Atlanta Area School for the Deaf**.

These donations are tax deductible under [IRS code 170-A](#)