



Georgia Association of Conservation District Supervisors

I would like to contribute \$ _____ to the GACDS Conservation Education Center
in memory of _____

(or) in honor of _____.

Send notification of donation to: (if in memory or in honor of an individual)

Name: _____

Mailing address: _____

City, State, Zip: _____

Donor's Name _____

Business or Organization _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

_____ I would like to help develop the outdoor classroom. Please contact me with more information.

Questions about GACDS programs or the Conservation Education Center may be directed to:

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(706) 424-9154 Cell
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