



**SSO of AMERICA**  
*Student Scholarship Organization of America*

**P.O. Box 1051  
Carrollton, Georgia 30112**

**Donor Advisement Form**

I recommend that SSO of America review and approve the following distribution of the enclosed donation.

Donor's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

\_\_ Participating School \_\_\_\_\_

\_\_ General Fund

Referred By \_\_\_\_\_

I understand the recommended distributions cannot represent the payment of a formal personal pledge. In addition, I understand that approval of these distributions is contingent upon the final recommendation of the Board of Director's of SSO of America.

Donor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send this completed form along with a copy of your pre-approval form IT-QEE-TP1 and your check made out to:

**SSO of America  
P.O. Box 1051  
Carrollton, Georgia 30112**

Thank you:

Robert G. Harris, Jr.  
Email: [bob@ssoamerica.org](mailto:bob@ssoamerica.org)  
Web: [www.ssoamerica.org](http://www.ssoamerica.org)  
Phone: 866.213.4784

Form:DAFv.1