

Your donations to the Georgia Sheriffs' Youth Homes are tax deductible to the full extent of the law.

If Mailing: Fill out form, print, and return with your check to:
Georgia Sheriffs' Youth Homes
P.O. Box 1000
Stockbridge, GA 30281

Contributor's Name: (for receipt)								
Street Address:								
City/State/Zip:								
Phone:		Email: _						
Donation Amount: (select one)		□\$25	□\$35	□\$50	□\$75	□\$10	o 🗆 Otl	ner \$
Donation Type: (select one)		☐ Mem	norial	orial				
IN MEMORY OF: (Title, First and Last Name)								
Relationship to Deceased:								
Send Notification Card to: (Family of Deceased)								
Title:	Name:							
Street Address:				City:		Sta	ate: Zip:	
Card to be signed:								
IN HONOR OF: (Title, First and Last Name)								
Honor Gift Occasion: \square Birthday \square Get Well \square Christmas \square Happy Anniversary								
Relationship to Honoree:								
Send Notification Card to: (Honoree)								
Title:	Name:							
Street Address:				City:		Sta	ate: Zip:	
Card to be signed:								

To donate by credit card:

Please use our website to ensure an accurate and secure transaction.

If you would like to send additional notification cards, please provide name, address and other pertinent information on a separate sheet along with your donation form.