

	Taxpayer	Spouse
If disabled, enter the following:		
Type of disability	_____ [1]	_____ [2]
Date of disability	_____ [3]	_____ [4]

Contributions

Amount of contributions you wish to make to:

Wildlife Conservation Fund	_____ [5]
Fund for Children and Elderly	_____ [6]
Cancer Research Fund	_____ [7]
Land Conservation Program	_____ [8]
National Guard Foundation	_____ [9]
Dog and Cat Sterilization Fund	_____ [10]
Save the Cure Fund	_____ [11]
Realizing Educational Achievement Can Happen Program	_____ [12]
Public Safety Memorial Grant	_____ [13]

Part-year Resident Information

If you were a part-year resident during the tax year, enter the dates you lived in Georgia

	Taxpayer	Spouse
Part-year residency dates:		
From	_____ [14]	_____ [16]
To	_____ [15]	_____ [17]

NOTES/QUESTIONS: