



Individual Donation Form

Contact Information

Name		Chapter	
Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	
Email			

Gift Information

<p>I would like to make a gift of:</p> <p>\$ _____</p>	<p>My check payable to Kappa Alpha Theta Foundation is enclosed.</p> <p>Please charge my credit or debit card. <i>(See information below.)</i></p> <p>Please contact me about making a planned gift or bequest.</p>
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Honor/Memorial/Celebration Information

<p>Please make my gift in honor memory celebration of:</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Chapter</p> <p>Relationship</p>	<p>Please notify:</p> <p>_____</p> <p>Name</p> <p>Relationship</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City</p> <p>State</p> <p>Zip</p>
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Mailing Information

Please mail this form, your gift, and any matching gift forms from your employer to:

Kappa Alpha Theta Foundation
8740 Founders Road
Indianapolis, IN 46268



Credit/Debit Card Information

VISA	MC	DISC	AMEX
Acct. #		Exp. Date	
Name			
Signature			

Gifts to Kappa Alpha Theta Foundation are tax-deductible to the full extent of the law.