



Contribution Form

Instructions:

GIFTS TO INTERNATIONAL FUNDS

- A separate check is required for each international fund to which a contribution is made.
- Complete a separate Contribution Form for each gift. (Only one gift per form.)
- Gift acknowledgment card will be sent in honor of or in memory of family member or honoree.
- Donor should keep pink copy of this form. No acknowledgement card will be sent to donor.
- Contributions or bequests to The Delta Kappa Gamma Society International are not deductible as charitable contributions for federal income tax purposes.
- Contributions or bequests to The Delta Kappa Gamma Society Educational Foundation are deductible as charitable contributions for federal income tax purposes.
- Gifts to international funds should be mailed to:
The Delta Kappa Gamma Society International
P.O. Box 1589
Austin, TX 78767-1589

GIFTS TO STATE ORGANIZATION

- Gifts to a state organization should be mailed to the **state organization treasurer**.
- Follow the state treasurer's instructions regarding gifts to state organizations.

DATE: _____ AMOUNT: _____

THIS GIFT IS DESIGNATED FOR: an international fund a state organization fund

NAME OF STATE ORGANIZATION FUND: _____

NAME OF INTERNATIONAL FUND:

- | | | |
|--|--|---|
| <input type="checkbox"/> Educator's Award Fund | <input type="checkbox"/> International Speakers Fund | <input type="checkbox"/> The Delta Kappa Gamma Educational Foundation |
| <input type="checkbox"/> Emergency Fund | <input type="checkbox"/> Scholarship Fund | |
| <input type="checkbox"/> Golden Gift Fund | <input type="checkbox"/> World Fellowship Fund | |

PAYMENT BY: AMERICAN EXPRESS MASTERCARD VISA CHECK / MONEY ORDER (U.S. Funds only)

Card Number _____ Expiration Date _____

Cardholder's name as it appears on card _____

GIFT IS FROM: _____
Name of individual or chapter State (geographic)

DONOR INFORMATION:

Dr., Miss, Mrs., Ms. _____

Mailing Address _____

City _____ State _____ Zip _____

E-mail _____ Country _____

(The above will appear on the card sent to family or honoree.)

IN MEMORY OF: _____

Send card to _____

Mailing Address _____

City _____ State _____ Zip _____

Country _____

IN HONOR OF:

Dr., Miss, Mrs., Ms. _____

Mailing Address _____

City _____ State _____ Zip _____

Country _____