



KAPPA ALPHA THETA

FOUNDATION

Chapter Giving Form

THANK YOU FOR YOUR SUPPORT!

To send in your donation, complete and return this form along with your donation. Please follow the instructions below for your donation to be processed:

- All checks must be made payable to **Kappa Alpha Theta Foundation**. DO NOT include Fraternity dues/payments, Friendship Fund contributions, or checks made payable to the Fraternity or other third party.
- All checks must be dated and postmarked by **December 31** of each year to be considered for Fraternity Grand Convention Awards and Foundation Annual Report listings and giving societies.
- Soft credits are provided for checks you've collected from individuals, fraternity/sorority chapters, businesses, or organizations other than your chapter. **Credit received for these gifts is given only if you complete page 2 of this form.**
- Your chapter is encouraged to process this donation within 30 days of the fundraising event. Be sure to keep a copy of the completed form for your chapter records, as the Fraternity requires your chapter to complete a philanthropy report twice a year.

CHAPTER NAME & COLLEGE/UNIVERSITY: _____

DESIGNATION OF CONTRIBUTION TO KAPPA ALPHA THETA FOUNDATION

ENCLOSED ARE _____ made payable to Kappa Alpha Theta Foundation, TOTALING \$ _____.
(# of checks) (total dollar amount of checks)

The Funds should be designated as follows:

Unrestricted to Theta Forever Fund*: \$ _____

Restricted to National CASA: \$ _____

Restricted to Specific Fund: \$ _____ Fund Name: _____

TOTAL CONTRIBUTIONS: \$ _____

(Must match total dollar amount of checks)

If additional checks were collected from individuals, fraternity/sorority chapters, businesses, or other organizations, complete page 2.

* Unrestricted Annual Fund donations benefit programs including leadership and service initiatives, chapter and individual grants, scholarships, and chapter education. Events benefitting Theta Foundation should be advertised as such. Designation of donations must be consistent with fundraising event marketing.

FUNDRAISING EVENT INFORMATION

Fundraising Event Name: _____ Event Date(s): _____

Additional beneficiaries, if applicable: _____ Total Raised: \$ _____

Fundraising Event Type: Sporting Event Food Sales/Profit Share Concert Carnival

Other - Please specify: _____

CONTACT INFORMATION

By submitting this form, you affirm: Fraternity policy was adhered to in the solicitation of these funds; and, that you did not provide donors any goods and/or services in exchange for a donation, unless you had express written consent from Kappa Alpha Theta Foundation's Executive Director and followed all IRS laws.

Submitted By: _____ Officer Title: _____

Email Address: _____ Phone: _____

Mail Your Form and Donation(s) to: **Kappa Alpha Theta Foundation** | 8740 Founders Road; Indianapolis, Indiana 46268
Need more info? Email us at FDNMail@kappaalphatheta.org, call 1-800-KAO-1870, or visit www.kappaalphathetafoundation.org.

