



Individual Donation Form

CONTACT INFORMATION

Full Name: _____ Chapter at Initiation: _____
 Preferred Mailing Address: _____
 City: _____ State: _____ Zip: _____ Preferred Phone Number: _____
 Preferred Email Address: _____ *This number is my:* Cell Home Work

GIFT INFORMATION

I would like to make a gift of: \$ _____ My check, payable to Kappa Alpha Theta Foundation, is enclosed.
with the following designation(s): Please charge my credit or debit card (*see information below.*)
 Unrestricted: \$ _____ Please contact me about making a planned gift or bequest.
 Restricted to National CASA: \$ _____
 Restricted to Specific Fund: \$ _____ *Fund Name:* _____

HONOR / MEMORIAL / CELEBRATION INFORMATION

<p>This gift is in <input type="checkbox"/> honor <input type="checkbox"/> memory <input type="checkbox"/> celebration of:</p> <p>Name: _____</p> <p>Chapter/School: _____</p> <p>Relationship to You: _____</p>	<p>I would like the following person(s) notified of my donation:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Relationship to Honoree: _____</p>
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CREDIT/DEBIT CARD PAYMENT

<p><input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express</p> <p>Card/Account #: _____</p> <p>Exp. Date: _____ / _____ Security Code: _____</p> <p>Name (<i>as it appears on the card</i>): _____</p> <p>Signature: _____</p>	<p>Notes About My Gift:</p>
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MAILING INFORMATION

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

Kappa Alpha Theta Foundation
8740 Founders Road
Indianapolis, IN 46268

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

Need more info? Email us at FDNMail@kappaalphatheta.org, call 1-800-KAO-1870 or visit www.kappaalphathetafoundation.org.