



KAPPA ALPHA THETA  
FOUNDATION

# 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 to Theta Forever Fund: \$ \_\_\_\_\_  Please contact me about making a planned gift or bequest.  
Restricted to National CASA: \$ \_\_\_\_\_  
Restricted to Specific Fund: \$ \_\_\_\_\_ *Fund Name:* \_\_\_\_\_

## HONOR / MEMORIAL / CELEBRATION INFORMATION

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

Visa  MasterCard  Discover  American Express  
Card/Account #: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code: \_\_\_\_\_  
Name (*as it appears on the card*): \_\_\_\_\_  
Signature: \_\_\_\_\_

Notes About My Gift:

## 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](mailto:FDNMail@kappaalphatheta.org), call 1-800-KAO-1870 or visit [www.kappaalphathetafoundation.org](http://www.kappaalphathetafoundation.org).