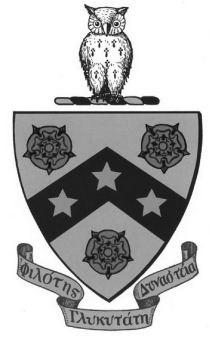


Delta Xi Chapter Donation Form



Name: _____
Address: _____ Unit #: _____
City: _____ State: _____ Zip: _____
Country (if outside the U.S.A.): _____ Graduation Year: _____
Daytime Phone: _____ Evening Phone: _____
Mobile phone: _____ Email: _____

I Want to Make a Contribution of \$ _____ For:

- Annual Fund
- Building Fund
- Educational Fund

- I would prefer to make my donation anonymously.
- I would like to make my donation in tribute/memory of _____.
- I would like to receive information about leaving a gift in my will, trust or life insurance policy.
- I would like to contribute a product or service to be used by the Chapter or sold through an auction or drawing.
- I have enclosed a matching gift from my employer.

Your checks should be made out as follows:

For the Annual Fund: **Phi Gamma Delta Building Association.**

For the Building Fund: **Phi Gamma Delta Building Association.**

For the Educational Fund: **Phi Gamma Delta Educational Foundation.**