



KAPPA ALPHA THETA FOUNDATION

ALUMNAE CHAPTER CONTRIBUTION FORM

The Fraternity asks that each alumnae chapter support the educational and leadership programs of Kappa Alpha Theta through an annual contribution to the Kappa Alpha Theta Foundation. Please use this form when making your chapter's gift. Checks should be made payable to Kappa Alpha Theta Foundation and your chapter's name should be included on the memo line.

Please print:

Alumnae Chapter Name _____

Chapter President _____

Your Name/Title _____

Your Address _____

Your E-mail Address _____ Your Phone _____

\$\$ _____ Grand Total (Total amount of check)

Please allocate my chapter's contribution as follows:

UNRESTRICTED Foundation Gifts

These gifts go directly to the Foundation to support important programs including AlcoholEdu, the ELC program, grants to send undergraduates to LeaderShape Institute, and scholarships.

\$ _____ Total Unrestricted Gift

RESTRICTED Foundation Gifts

Gifts restricted to a particular fund for a specific cause.

\$ _____ Friendship Fund

\$ _____ Foundation National CASA Grant

\$ _____ Named Trust

Name of Trust: _____

\$ _____ Scholarship Fund

Name of Scholarship: _____

\$ _____ Total Restricted Gift

Please return this form along with your check to:

Kappa Alpha Theta Foundation
8740 Founders Road
Indianapolis, IN 46268

For questions or more information, please contact the Foundation at 1.800.526.1870.

Important Note: *The Foundation is not able to accept Alumnae Chapter dues. If you are paying dues, please issue a separate check payable to Kappa Alpha Theta Fraternity.*

Thank you for supporting Kappa Alpha Theta Foundation