



ALPHA PHI
FOUNDATION

INDIVIDUAL DONATION FORM

CONTACT INFORMATION

Name	Chapter	
Address		
City	State	Zip
Home Phone	Email Address	

GIFT INFORMATION

<p>I WOULD LIKE TO MAKE A GIFT OF:</p> <p>\$ _____</p>	<p><input type="checkbox"/> My check payable to Alpha Phi Foundation is enclosed.</p> <p><input type="checkbox"/> Please charge my credit card (information below)</p> <p><input type="checkbox"/> Please contact me about making a planned gift or bequest</p>
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HONOR/MEMORIAL/CELEBRATION GIFT

<p>Please make my gift in</p> <p style="text-align: center;">Honor Memory Celebration of:</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Chapter Relationship</p>	<p>Please notify:</p> <p>_____</p> <p>Name Relationship</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City State Zip</p>
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MAILING INFORMATION

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

Alpha Phi Foundation
1930 Sherman Avenue
Evanston, IL 60201

CREDIT/DEBIT CARD INFORMATION

VISA	MC	DISC	AMEX
_____		_____	
Card number		Exp. Date	

Name			

Signature			

Gifts to Alpha Phi Foundation are tax deductible to the full extent of the law