



# Alpha Sigma Alpha FOUNDATION

## Donation Form

### Donor Information

Name		Chapter	
Address		City	State Zip
Phone number		Email	

### Donation Information

I would like to make a gift to the Annual Fund with a donation of:

\$50    
 \$122 *in honor of 122 years of sisterhood*    
 \$250    
 Other: \$\_\_\_\_\_

Please put my donation towards the following fund(s):

\_\_\_\_\_ \$\_\_\_\_\_ (amount)  
Name of fund

\_\_\_\_\_ \$\_\_\_\_\_ (amount)  
Name of fund

\_\_\_\_\_ \$\_\_\_\_\_ (amount)  
Name of fund

Payment type:

Cash    
 Check enclosed *made payable to Alpha Sigma Alpha Foundation; #* \_\_\_\_\_  
 Credit/debit card *complete the information below*

Debit/Credit Card Number	Expiration Date	Security Code
Name as it appears on the card	Signature	

### Honor/Memorial Information

Please make my donation in:		Please notify:	
<input type="checkbox"/> Honor of: <input type="checkbox"/> Memory of:		_____	
_____		Name	Relationship
Name		_____	
_____		Address	
Chapter		City	State Zip

Please return form by mail, fax or email to:  
Alpha Sigma Alpha Foundation ♦ 9002 Vincennes Circle ♦ Indianapolis, IN 46268-3018  
Fax: (317) 871-2924 ♦ Email: [fndstaff@AlphaSigmaAlpha.org](mailto:fndstaff@AlphaSigmaAlpha.org)