

DKG International Educators Foundation

Society Contribution Form

Instructions for contributions to International Funds:

- <u>Separate contribution forms are required for</u> <u>each fund.</u> You may submit multiple checks to the same fund with one form. <u>Checks should be</u> made out to DKGIEF, with designated fund listed on the memo line.
- A gift acknowledgment note will be sent in honor of or in memory of person designated below, if information is provided.
- Contributions or bequests to any of the funds listed below are tax deductible to the fullest extent of the law in the USA and in some other countries.
- Contributions to international funds should be mailed to:

DKG International Educators Foundation 1801 E. 51st Street, Ste 365-163 Austin, TX 78723

Date:	Amount:		
This contribution is designated for: (check	cone)		
Area of Greatest Need	Emergency Fund		International Speakers
Cornetet Awards Educational Projects	Eunah Temple Holden Golden Gift Fund		Fund Scholarship Fund
Educators Award Fund			World Fellowship Fund
Payment by (check one):	🗌 Visa 🛛 🗌	Check / Money C	rder (U.S. Funds only)
Card number:	Expiration Date:		CVV#:
Cardholder's name as it appears on card: _		Phone	number:
Contribution is from:			
	Name of Individual o	Treasurer	
🗌 Individual	Chapter		State Organization
Chapter name		(Must bay	State Organization
Chapter name	ed.	(Must have	State Organization geographic state to be processed
Yes, I agree to have this donation publishe			
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Yes, I agree to have this donation publishe DONOR INFORMATION: (This will appear of	on the note sent to fam	ly or honoree) _ Email:	e geographic state to be processed
Yes, I agree to have this donation publishe DONOR INFORMATION: (This will appear of Full Name:	on the note sent to fam	i ly or honoree) _ Email: City	e geographic state to be processed
Yes, I agree to have this donation publishe DONOR INFORMATION: (This will appear of Full Name: Mailing Address:	on the note sent to fam	ily or honoree) _ Email: City Country:	e geographic state to be processed
Yes, I agree to have this donation publishe DONOR INFORMATION: (This will appear of Full Name: Mailing Address: State/Province: Zip 0	on the note sent to fam	i ly or honoree) _ Email: City Country:	e geographic state to be processed
Yes, I agree to have this donation publishe DONOR INFORMATION: (This will appear of Full Name: Mailing Address: State/Province: Zip C IN MEMORY OF / IN HONOR OF (ch	on the note sent to fam	ily or honoree) _ Email: Country: Email:	e geographic state to be processed