



Zeta State Grant-in-Aid Contribution Form

Donor's Name _____

Address _____

City _____ State _____

Telephone _____ Email _____

If the donation is being made "in honor of" or "in memory of," please complete the following.

In Honor of _____

In Memory of _____

If notification of donation is requested, please complete the following.

Send notification to: _____

Address _____

Make checks payable to the following:

Zeta State Grant-in-Aid Fund

Send donation to the following address:

Miss Sarah Smith