



# Delta Gamma Foundation

## Gift Intention Form

Please complete this gift intention form to ensure your gift to the Delta Gamma Foundation will be used in accordance with your wishes.

### DONOR INFORMATION

This gift is being made by  An individual  A group  A chapter or association

Name: \_\_\_\_\_  
*First Middle/Maiden Last*

Chapter of Initiation: \_\_\_\_\_  Joint gift with partner \_\_\_\_\_  
*(If applicable) Name (If applicable)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_  Check here if this is a cell phone

### FOR GROUP OR CHAPTER/ASSOCIATION GIFTS:

Name of the group, as it should be referenced (*i.e., Alpha pledge class of 1985, Alpha Rho-Ohio Wesleyan, Columbus alumnae chapter, Friends & family of ...*):

\_\_\_\_\_

Point person for group gift:

\_\_\_\_\_  
*(The group point person will receive correspondence related to the gift and serves as the group's representative.)*

### GIFT DESIGNATION

- Loyalty Fund (supporting our greatest needs)
- Service for Sight Fund
- Sisters Helping Sisters: Need-Based Scholarships Fund
- Merit-Based Undergraduate Scholarships Fund
- Merit-Based Graduate Fellowships Fund
- Training and Programming Fund
- Capital Initiatives
- Other: \_\_\_\_\_

### IS THIS A TRIBUTE GIFT?

- In honor of (*marking a special occasion or celebrating someone*)
- In memory of (*honoring someone who has passed away*)

Honoree name: \_\_\_\_\_  
*First Middle/Maiden Last*

Is the honoree a member of Delta Gamma?  No  Yes Chapter of Initiation: \_\_\_\_\_

Send tribute announcement to:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**PAYMENT OPTIONS**

Gift amount: \$ \_\_\_\_\_  One-time payment  A recurring gift

Online Visit [donate.deltagamma.org](https://donate.deltagamma.org)  
*(to make a one-time payment or set up a recurring gift)*

Check Make checks payable to:  
Delta Gamma Foundation  
3250 Riverside Drive, Columbus, Ohio 43221

Intend to fulfill all or part of this commitment through a planned gift and/or by adding the Delta Gamma Foundation to will or estate plans

I/We agree to make a multi-year commitment on the following schedule:

1. \$ \_\_\_\_\_ Date: \_\_\_\_\_

2. \$ \_\_\_\_\_ Date: \_\_\_\_\_

3. \$ \_\_\_\_\_ Date: \_\_\_\_\_

4. \$ \_\_\_\_\_ Date: \_\_\_\_\_

5. \$ \_\_\_\_\_ Date: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Publish name(s) as follows: \_\_\_\_\_

I prefer not to have my/our name(s) published.

**MATCHING GIFTS - Double your impact!**

*Many employers offer a matching gift program. If you would like to participate in this program or if you need additional information on your company's policies, contact your employer's Human Resources or Employee Benefits office for specific details.*

My employer will match this gift. My employer is: \_\_\_\_\_

I have applied online for a matching gift. You should receive notice from my employer.

**NOTES OR ADDITIONAL INFORMATION**

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*(For gifts of \$25,000 or more, a Gift Agreement may be presented.)*

**Please return completed form and any check(s) to:**  
Delta Gamma Foundation, 3250 Riverside Drive, Columbus, OH 43221

**Thank you!**