

Tribute Gift Form

DONOR INFORMATION

Name:	
First Chapter of Initiation:	Maiden Last
Email:	
Address:	
Gift Amount*: \$*\$2	25 minimum is requested per person honored or memorialized
Payable by: 🗖 Make your gift online at donate.delta	agamma.org 🚨 Check (payable to Delta Gamma Foundation)
□ Visa □ MasterCard □ American Exp	ress
Name: Card N	Number: Exp. date:/
HONOR/MEMORY INFORMATION	
My gift is in HONOR of: MEMORY of:	My gift is in ☐ HONOR of: ☐ MEMORY of:
(Name and Chapter of Initiation)	(Name and Chapter of Initiation)
Please mail acknowledgment to:	Please mail acknowledgment to:
Name:	Name:
Address:	Address:
My gift is in D HONOR of: D MEMORY of:	My gift is in HONOR of: MEMORY of:
(Name and Chapter of Initiation)	(Name and Chapter of Initiation)
Please mail acknowledgment to:	Please mail acknowledgment to:
Name:	Name:
Address:	Address:



Gifts to the Delta Gamma Foundation are tax deductible in the United States as allowed by law.