

-Alumnae Remittance Form

Complete and return this form along with one check (for event proceeds), made payable to the Alpha Gamma Delta Foundation, within one month following any charitable fundraising event.

	oundation by May 1. Please contact IHQ with questions regarding the May 1 deadline.
└─ Alumnae Chapter Name: OR	
Fundraising Event Information	
Fundraising Event Name:	Date of Fundraiser:
	participation/admission fees, cost of sold item(s), contest/game details, items fundraiser was held, etc.). This information will be used for Convention awards, tlights. Your brief overview is appreciated!
Designation of Contribution	
Annual Fund*/Unrestricted \$	AND/OR Specific Program/Fund/Other \$
Check One (if applicable):	Program/Fund Name:
\square In Honor of	Memory of
Please send an acknowledgment of this Hon	
\square Honoree (name and address)	
\square Other (name and address)	
leadership initiatives, Fighting Hunger Grants th	y benefit all Alpha Gamma Delta Foundation programs including scholarships, brough the work of the Foundation and more. Fundraising events benefitting the and should clearly state that donations are NOT TAX-DEDUCTIBLE. Designation event marketing.
Submitted By (Name and Title):	
Email Address:	Phone:

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