

BETA BETA EDUCATIONAL AREA GRANT

DONOR INFORMATION

Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____ Email: _____

GIFT INFORMATION

I am making a one-time gift of \$ _____ to the Beta Beta Chapter Educational Area Grant (EAG).

Please complete a giving option below:

GIFT BY CREDIT/DEBIT CARD

I authorize the Alpha Gamma Delta Foundation to debit the following credit or debit card.

Visa

MasterCard

American Express

Discover

Card No: _____ Exp. Date: _____ / _____

Signature: _____ Date: _____

GIFT BY CHECKING/SAVINGS ACCOUNT

I authorize the Alpha Gamma Delta Foundation to debit the following _____ checking or savings account through electronic funds transfer:

Bank Name: _____

Bank Routing No.: _____

Bank Account No.: _____

Signature: _____ Date: _____

GIFT BY CHECK

Return this form to 8710 N Meridian St, Indianapolis, IN 46260 with a check made payable to the Alpha Gamma Delta Foundation, and notate Beta Beta Chapter EAG in the memo. Or visit alphagammadeltafoundation.org/donate, select designation of other, add Beta Beta EAG in the "Other Designation" field.

Gifts to the Alpha Gamma Delta Foundation for Education Area Grants provide a charitable tax benefit as allowed by U.S. law.