Alpha Gamma Delta Foundation

8710 N Meridian Street Indianapolis, IN 46260 317.663.4242 317.663.4244 Fax alphagammadeltafoundation.org

DELTA EDUCATIONAL AREA GRANT

DONOR INFO	RMATION			
Name:				
Address:				
City:	State	State/Province:		
Phone: Email:				
GIFT INFORM	ATION			
I am making a one-time gift of \$ to the Delta Chapter Educational Area Grant (EAG).				
Please complete	a giving option below:			
GIFT BY CRED	DIT/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:	/
Card No: Signature:			 Date:	
GIFT BY CHEC	CKING/SAVINGS AC	COUNT		
	Alpha Gamma Delta Fo n electronic funds trans	undation to debit the fo	ollowing checking <u>o</u> r	<u>r</u> savings
Bank Name:				
Bank Routing No	D.:			
9				
Signature:				

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 Delta Chapter EAG in the memo. Or visit alphagammadeltafoundation.org/donate, select designation of other, add Delta EAG in the "Other Designation" field.