EPSILON KAPPA EDUCATIONAL AREA GRANT

DONOR INFORMATION

Name:						
Address:						
City:			Zip/	Zip/Postal Code:		
Phone:		Email:				
GIFT INFORM	TION					
l am making a one	e-time gift of \$	to the Epsilon Kc	appa Chapter	Educational A	rea Grant (EAG).	
Please complete o	a giving option belo	W:				
GIFT BY CREDI	T/DEBIT CARD					
I authorize the Alp	oha Gamma Delta F	oundation to debit the	e following cr	edit or debit co	ırd.	
Visa	MasterCard	American Express	s Di	iscover		
Card No:			Exp.	Date:	_/	
Signature:				Date:		
GIFT BY CHEC	KING/SAVINGS A	ACCOUNT				
	pha Gamma Delta electronic funds tro	Foundation to debit th ansfer:	ne following	checking <u>or</u>	savings	
Bank Name:						
Bank Routing No.						
Bank Account No).:					
Signature:				Date:		
GIFT BY CHEC	К					

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