## EPSILON NU EDUCATIONAL AREA GRANT

## DONOR INFORMATION

Name:				
Address:				
City:	State/Province:		Zip/Postal Code:	
Phone:		Email:		
<b>GIFT INFORM</b>	1ATION			
l am making a o	ne-time gift of \$	to the Epsilon Nu Cho	apter Educational Are	ea Grant (EAG).
Please complete	e a giving option belc	DW:		
GIFT BY CREI	DIT/DEBIT CARD			
I authorize the A	Alpha Gamma Delta F	Foundation to debit the foll	owing credit or debit	card.
Visa	MasterCard	American Express	Discover	
Card No:			Exp. Date:	/
Ciana altrina				
	CKING/SAVINGS A			
	Alpha Gamma Delta gh electronic funds tro	Foundation to debit the fol ansfer:	lowing checking	<u>or</u> savings
Bank Name: _				
	lo.:			
Bank Account N	No.:			
Signature:			Date:	
GIFT BY CHE	_			

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 Nu Chapter EAG in the memo. Or visit alphagammadeltafoundation.org/donate, select designation of other, add Epsilon Nu 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.