Fundraising Event Individual Gift Form

I want to support the mission of Sigma Kappa Foundation to lead, educate and inspire Sigma Kappa members and society through educational programming and philanthropic endeavors.

_____ _____
Donor Name Initiation Chapter (if applicable)

_____ _____ _____ _____
Mailing Address City State Zip

(_____)_____ _____
Telephone Number E-mail

Sigma Kappa Chapter: _____ **Fundraising Event Date:** _____

Fundraising Event Name: _____ **Ultra Violet Event?** ☐ Yes ☐ No

Gift Amount: $_____ **I want this gift to benefit:** _____
(Alzheimer's research/scholarships/other – see list)

Payment Method:

Credit Card American Express MasterCard VISA

__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ ____ /____ _____
Credit Card Number Expiration Security Code

_____ _____
Signature Date

Check Payable to *Sigma Kappa Foundation* Check #: _____

Special Notes: This gift is made in Celebration/Honor/Memory of: _____

Please notify: _____

Confirmation: _____ _____
Signature Date

Thank you for investing in future leaders, education and Making Alzhimer's disease a Distant Memory. Sigma Kappa Foundation is a 501(c)(3) not-for-profit charitable organization and gifts are tax-deductible to the full extent of the law.

This form and donation must be remitted within two weeks of a fundraising event and must be accompanied by an Alumnae & Collegiate Chapter Contribution Form. Donors will receive a receipt directly from the Sigma Kappa Foundation when their gift is received and processed. Chapters will be notified of the gift and are responsible for verifying the information as well as their fundraising results.

Please remit to: Sigma Kappa Foundation, attn: donor services coordinator, 8733 Founders Road, Indianapolis, IN 46268