

**KAPPA STATE (DELTA KAPPA GAMMA)
EDUCATION FOUNDATION
Contribution Form
Revised 2021**

- Amount \$ _____
- Check one: Memorial _____ Honorarium _____ Other Gift _____
- Name of Person Honored _____
Was/is the Honoree a member of Delta Kappa Gamma? Yes () No ()
If answer is Yes, please list name of chapter _____
- Name, address, and relationship of person to whom acknowledgment card should be sent:
Name _____
(If Delta Kappa Gamma Member, please list name of chapter _____)
Address _____

Relationship to Honoree: _____
- Name and address of donor: _____

Donor is a member of _____ Chapter.

Please complete a contribution form for each donation to the Kappa State Education Foundation.
Send the form and your check to the Foundation treasurer:

Terri Leins, Treasurer
P O Box 3446
Fort Smith, AR 72913
tleins@cox.net