



INDIVIDUAL CHAPTER DONATION FORM

INSTRUCTIONS:

(Attach to the Chapter Contribution Form for Chapter Level donations)

1. **Type or Print** all reports. **Name, Address, City, State, Zip must appear on this form for data processing.**
2. Mail all EAF reports and contributions directly to the EAF office at the address above.
3. Give full name and full address (include zip code).
4. Retain a copy for your Chapter file, send original to EAF.

Chapter Name _____ **Region** _____ **Date** _____

Mailing Address _____

Chapter Basileus _____ **Phone No.** _____

Chapter Captain (required) _____ **Phone No.** _____

Graduate Advisor _____ **Phone No.** _____

Name	Address	City, State, Zip	Donations
1			
2			
3			
4			
5			
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7			
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10			
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12			
13			
14			
15			

Total Submitted \$ _____

Checks must be made payable to: Educational Advancement Foundation (EAF)

Name	Address	City, State, Zip	Donations
16			
17			
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22			
23			
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