



DKG
International
Educators
Foundation

Society Contribution Form

Instructions for contributions to International Funds:

- **Separate contribution forms are required for each fund.** You may submit multiple checks to the same fund with one form. Checks should be made out to DKGIEF, with designated fund listed on the memo line.
- A gift acknowledgment note will be sent in honor of or in memory of person designated below, if information is provided.
- Contributions or bequests to any of the funds listed below are tax deductible to the fullest extent of the law in the USA and in some other countries.
- Contributions to international funds should be mailed to:

DKG International Educators Foundation
12710 Research Blvd., Ste 230
Austin, TX 78759

*Please pay all Schools for Africa donations directly to UNICEF using the Schools for Africa flyer donation form found at www.dkg.org

Date: _____

Amount: _____

This contribution is designated for: (check one)

- | | | |
|--|--|--|
| <input type="checkbox"/> Area of Greatest Need | <input type="checkbox"/> Emergency Fund | <input type="checkbox"/> International Speakers Fund |
| <input type="checkbox"/> Cornet Awards | <input type="checkbox"/> Eunah Temple Holden | <input type="checkbox"/> Scholarship Fund |
| <input type="checkbox"/> Educational Projects | <input type="checkbox"/> Golden Gift Fund | <input type="checkbox"/> World Fellowship Fund |
| <input type="checkbox"/> Educators Award Fund | | |

Payment by (check one): ☐ MasterCard ☐ Visa ☐ Check / Money Order (U.S. Funds only)

Card number: _____ Expiration Date: _____ CVV#: _____

Cardholder's name as it appears on card: _____ Phone number: _____

Contribution is from: _____

Name of Individual or Treasurer

- ☐ Individual ☐ Chapter ☐ State Organization

Chapter name

State Organization

(Must have geographic state to be processed)

☐ Yes, I agree to have this donation published.

DONOR INFORMATION: (This will appear on the note sent to family or honoree)

Full Name: _____ Email: _____

Mailing Address: _____ City: _____

State/Province: _____ Zip Code: _____ Country: _____

☐ IN MEMORY OF / ☐ IN HONOR OF (check one) _____

Send card to: _____ Email: _____

Mailing Address: _____ City: _____

State/Province: _____ Zip Code: _____ Country: _____