



Contribution Form

Please print and complete this form. Credit cards and checks are accepted. Mail form and payment to the address below.

CONTRIBUTOR

NAME _____

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

E-MAIL _____

DONATION

Membership Clubs: (check all that apply)

\$1,000 Dinner Dance Club
(\$1000-one payment)
Includes: Souvenir, 1 page ad in program booklet, complimentary table for 10 with champagne at Dinner Dance

\$750 Golf Club
(3 payments of \$250)
Includes: 1 tee sponsorship, 1 page ad in program booklet, complimentary foursome with 4 lunch & dinner tickets at annual Golf Event

\$500 Foundation Club
(2 payments of \$250)
Includes: Free attendance at select Foundation events

General Donation \$ _____

PAYMENT

Credit Card
All information must be provided. Please PRINT clearly.

MasterCard VISA AMEX Discover

ACCOUNT NUMBER

EXP. DATE ▶ ____ / ____

_____ CARD HOLDER NAME

_____ BILLING ADDRESS

_____ CITY _____ STATE _____ ZIP

X _____ CARD HOLDER SIGNATURE

Make checks payable/mail this form to:

Stamford Alumni Chapter Kappa Foundation, Inc.
 17 Clemens Ave, Trumbull, CT 06611-1958
 E-Mail: treasurer@stamfordkappafoundation.org
 Online: www.stamfordkappafoundation.org

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