

# *“In Joyous Celebration!”*

*The Memorial Fund was established to provide funds to students in Indiana colleges. Any individual or group may contribute in Memory of a deceased person or in honor of a loved one on a special occasion.*

## **Memorial Fund Contribution Form Kappa Kappa Kappa, Inc.**

Amount of Contribution \$ \_\_\_\_\_ (\$10 minimum)      Make check payable to Kappa Kappa Kappa, Inc.

Deceased Name \_\_\_\_\_ or In Honor of \_\_\_\_\_

Place of Residence: City \_\_\_\_\_ State \_\_\_\_\_

.....

### **Complete this section if donation is from an individual**

Name of Donor \_\_\_\_\_ Province (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ No need to send a confirmation of receipt.

\*\*\*\*\*

### **Complete this section if donation is from a Tri Kappa Chapter**

Town \_\_\_\_\_ Chapter \_\_\_\_\_

#### **Name & Address of member sending this contribution**

Name \_\_\_\_\_ Province \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_ No need to send a confirmation of receipt.

\*\*\*\*\*

### **Please provide the complete address for the person who should be notified of your contribution**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State and Zip \_\_\_\_\_

*Mail this form to:*

*Donna Goetz  
Memorial Fund  
4125 E 200 N  
Lafayette, IN 47905*