“Enduring Love”
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:

Lisa Turner
Memorial Fund
2256 W Fairview Drive
Rockport, IN 47635