

“Creating a Chain of Carnations in Remembrance”

*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 _____

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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*