Form T-21
Revised 5/8/2025

Town _____Greek_____
Province _____ Active_____
Associate_____

Tri Kappa
State Donation Form

This State Donation Form must accompany every check sent to Central Office. Please make a copy of the form for your records and send the original in with your payment. Questions may be addressed to centraloffice@trikappa.org or (317) 876-7481.

Make check payable to: Tri Kappa
941 E. 86th St., Suite 103
Indianapolis, IN 46240

Please Print:

Name/Treasurer _____

Address _____ _____

City, State, Zip Code _____

Phone_____ Email_____

Chapter donation _____Individual donation_____

Please write only one (1) check and indicate how amount should be distributed.
Check is not to be combined with any other request only the ones listed below.
Acknowledgement for your chapter's donation will be sent to the chapter email.

Contributions to State

AMOUNTS

$_____ Fine Arts

$_____ Gifted & Talented

$_____ Mental Health

$_____ Scholarship

$_____ Philanthropy

Contributions to State Endowment Funds

AMOUNTS

$_____ Fine Arts Endowment

$_____ Scholarship Endowment

$_____ Philanthropy Endowment

Total Amount Enclosed $_____

***Cheer Guild & Hoosier Salon memberships must be paid directly through those organizations. Tri Kappa cannot process. Look in the back of *Cross Keys* for current addresses.**

****Use the form provided in *Cross Keys* or on the website for contributions to the Memorial Fund.**

Central Office use Only:

Check Number _____ Check Date _____ Check Amount_____