



## INDIVIDUAL CHAPTER DONATION FORM

**INSTRUCTIONS:**

(Attach to the Chapter Contribution Form for Chapter Level donations)

1. **Type or Print** all reports. **Name, Address, City, State, Zip must appear on this form for data processing.**
2. Mail all EAF reports and contributions directly to the EAF office at the address above.
3. Give full name and full address (include zip code).
4. Retain a copy for your Chapter file, send original to EAF.

Chapter Name \_\_\_\_\_ Region \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Chapter Basileus \_\_\_\_\_ Phone No. \_\_\_\_\_

Chapter Captain (required) \_\_\_\_\_ Phone No. \_\_\_\_\_

Graduate Advisor \_\_\_\_\_ Phone No. \_\_\_\_\_

Name	Address	City, State, Zip	Donations
1			
2			
3			
4			
5			
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7			
8			
9			
10			
11			
12			
13			
14			
15			

Total Submitted \$ \_\_\_\_\_

**Checks must be made payable to: Educational Advancement Foundation (EAF)**

Name	Address	City, State, Zip	Donations
16			
17			
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20			
21			
22			
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