



# CHAPTER CONTRIBUTION FORM

Must be postmarked by February 1, 2023  
*(please print or type)*

## CHAPTER & LEADERSHIP INFORMATION

CHAPTER:	REGION:	DATE:
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CHAPTER BASILEUS: \_\_\_\_\_

CHAPTER ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CHAPTER CAPTAIN'S NAME: \_\_\_\_\_

CHAPTER CAPTAIN'S PHONE: \_\_\_\_\_

CHAPTER CAPTAIN'S EMAIL: \_\_\_\_\_

### Chapter Contributions Guide

#### Graduate *(Silver Level)*

1-50 members \$250

51-100 members \$300

101-150 members \$400

151-200 members \$500

201-300 members \$600

301+ members \$750

#### Undergraduate *(Silver Level)*

1-10 members \$25

11-25 members \$50

26-50 members \$100

51+ members \$150

**UNDERGRADUATE  
CHAPTERS ONLY**

GRADUATE ADVISOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

## CONTRIBUTION INFORMATION

*Chapter contributions postmarked by 2/1/2023 will receive chapter recognition during Regional Conference.*

**Platinum Formula:** Graduate Chapters = Silver + \$2,500 | Undergraduate Chapters = Silver + \$500

**1. SILVER LEVEL** = Chapter Contribution based on the Chapter size (see above guide). \$ \_\_\_\_\_

**2. GOLD LEVEL** = **Graduate Chapter:** Chapter contributes an additional \$1,000-\$1,499 over and above the applicable Silver Level from any unrestricted source not earmarked for any other fund.

**Undergraduate Chapter:** Chapter contributes an additional \$250-\$499 over and above the applicable Silver Level from any unrestricted source not earmarked for any other fund. \$ \_\_\_\_\_

**3. PLATINUM LEVEL** = Chapter contributes an additional unrestricted contribution over and above the Gold Level (\$1,500 graduate chapters and \$250 undergraduate chapters.) \$ \_\_\_\_\_

**4. INDIVIDUAL DONATIONS\*** = (see the Individual Chapter Donation Form.) \$ \_\_\_\_\_

*\*Individual donations over \$250 should not be included in the chapter contributions. These contributions will receive separate recognition at Boule/Leadership events.*

**5. WORKPLACE GIVING (CFC)** = Dollars will not be recognized until the following year. \$ \_\_\_\_\_

If individual donations are to be considered as part of the chapters' contribution, please complete the attached supplement to this form.

**These donations cannot be credited to any other fund.**

**TOTAL ENCLOSED \$** \_\_\_\_\_

**MAKE CHECKS PAYABLE TO EAF**

**PRINT OUT THREE COPIES OF THIS FORM —**

• **SAVE ONE COPY FOR YOUR RECORDS**

• **MAIL FORM & CHECKS TO:** Educational Advancement Foundation / EAF

• **SEND ONE COPY TO YOUR REGIONAL COORDINATOR**

5656 South Stony Island Avenue | Chicago, IL 60637

<b>INTERNAL USE ONLY</b>	CHECK #:	AMOUNT: \$	DATE RECEIVED:	TOTAL SUBMITTED: \$
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