

# CHAPTER CONTRIBUTION FORM



Must be postmarked by February 1, 2024 *(please print or type)*

## CHAPTER & LEADERSHIP INFORMATION

CHAPTER:		REGION:	DATE:
CHAPTER BASILEUS:			
CHAPTER ADDRESS:			
CITY/STATE/ZIP:			
PHONE:		EMAIL:	
<b>CHAPTER CAPTAIN'S NAME:</b>			
CHAPTER CAPTAIN'S PHONE:			
CHAPTER CAPTAIN'S EMAIL:			
<b>UNDERGRADUATE CHAPTERS ONLY</b>	GRADUATE ADVISOR'S NAME:		
	ADDRESS:		

### 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

## CONTRIBUTION INFORMATION

**Chapter contributions postmarked by 2/1/2024 will receive chapter recognition during regional conference.**

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

- SILVER LEVEL** = Chapter Contribution based on the Chapter size (see above guide). \$ \_\_\_\_\_
- 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. \$ \_\_\_\_\_
- PLATINUM LEVEL** = Chapter contributes an additional unrestricted contribution over and above the Gold Level (\$1,500 graduate chapters and \$250 undergraduate chapters.) \$ \_\_\_\_\_
- INDIVIDUAL DONATIONS\*** = (see the Individual Chapter Donation Form.) \$ \_\_\_\_\_
- 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.

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

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

**MAKE CHECKS PAYABLE TO EAF**

### MAKE TWO COPIES OF THIS FORM AND RETURN ORIGINAL FORM TO EAF

- **SAVE ONE FOR YOUR RECORDS**
- **SEND ONE TO YOUR REGIONAL COORDINATOR**
- **MAIL ORIGINAL FORM TO:** Educational Advancement Foundation / EAF, 5656 South Stony Island Avenue | Chicago, IL 60637

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