CHAPTER CONTRIBUTION FORM

A K A EAF®

Must be postmarked by February 1, 2025 *(please print or type)*

CHAPTER & LEADERSHIP INFORMATION

CHAPTER: _____ REGION: _____ DATE: _____

CHAPTER BASILEUS: _____

CHAPTER ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

CHAPTER CAPTAIN'S NAME: _____

CHAPTER CAPTAIN'S PHONE: _____

CHAPTER CAPTAIN'S EMAIL: _____

UNDERGRADUATE CHAPTERS ONLY	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 2/1/2025 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 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

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

INTERNAL USE ONLY	CHECK #:	AMOUNT: $	DATE RECEIVED:	TOTAL SUBMITTED: $