

CHAPTER CONTRIBUTION FORM

Silver Level must be based on number of active members as of December 1, as confirmed by AKA Membership Dept. (please print or type)



CHAPTER & LEADERSHIP INFORMATION

CHAPTER:		REGION:	DATE:
CHAPTER BASILEUS:		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	
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:		

CONTRIBUTION INFORMATION

Chapter contributions postmarked by 2/1/2026 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.) <i>*Individual donations over \$250 should not be included in chapter contributions. These contributions will receive separate recognition at Boule/Leadership events.</i>	\$
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 <u>cannot</u> 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		• MAIL ORIGINAL FORM TO: Educational Advancement Foundation / EAF 5656 South Stony Island Avenue Chicago, IL 60637			
• SEND ONE TO YOUR REGIONAL COORDINATOR					
INTERNAL USE ONLY	# OF ACTIVE MEMBERS:	CHECK #:	AMOUNT: \$	DATE RECEIVED:	TOTAL SUBMITTED: \$