



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	
CHAPTER ADDRESS:	Graduate (Silver Level)	
CITY/STATE/ZIP:	1-50 members	\$250
PHONE:	51-100 members	\$300
EMAIL:	101-150 members	\$400
	151-200 members	\$500
	201-300 members	\$600
	301+ members	\$750
CHAPTER CAPTAIN'S NAME:	Undergraduate (Silver Level)	
CHAPTER CAPTAIN'S PHONE:	1-10 members	\$25
CHAPTER CAPTAIN'S EMAIL:	11-25 members	\$50
UNDERGRADUATE CHAPTERS ONLY	26-50 members	\$100
	51+ members	\$150
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.)
 *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**
- 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: \$
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