



A GIFT OF A SCHOLARSHIP OR FELLOWSHIP

Name of Sponsor (individual or group): _____

Address: _____

Phone Number: (____) _____

E-mail: _____

Funding Options (please check the appropriate box):

\$1,000 One time Scholarship

\$2,500 One time Fellowship

\$12,500 Endowed Scholarship (Biennial)

\$25,000 Endowed Scholarship

\$31,250 Endowed Fellowship (Biennial)

\$62,500 Endowed Fellowship

Unrestricted (can be awarded to any qualified applicant)

Designated for a specific chapter (optional): _____

Designated for a specific region (optional): _____

The selection committee will make every effort to fill your criteria request. To assure that gifts are awarded, please note that if there is not an applicant that meets your criteria, it will be awarded to the next most deserving candidate in any chapter or region.

If the gift is in Honor of or in Memory of, complete the following:

In Honor of _____

In Memory of _____

If requested, a certificate will be presented to the honoree or family of the person memorialized. The certificate should be mailed to:

Name: _____

Address: _____

By the following date: _____

Check enclosed (payable to the Delta Gamma Foundation)

VISA/MasterCard/AMEX

Account Number: _____ Expiration Date: _____

Thank you!

1/2010