

Gift Intention Form

Chapter of Initiation: ______ D Joint gift with spouse _____ Address: City: ______ State: _____ Zip: _____ Email: _____ Home Phone: _____ Cell Phone: ______ Business Phone: _____ **PAYMENT OF THE GIFT** I/We wish to support the Delta Gamma Foundation with a gift of \$ ______ ☐ one-time ☐ monthly ☐ quarterly ☐ semi-annually ☐ annually ☐ Make your gift online at donate.deltagamma.org ☐ Enclosed is my check made payable to the Delta Gamma Foundation ☐ Please charge my credit card. ☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMEX Name as it appears on card: _____ Signature: _____ □ I/We agree to make a multi-year commitment on the following schedule: Date: ____ Date: _____

I/We would like to fulfill all or part of this commitment through a planned gift and/or by adding the Delta Gamma Foundation to my/our will or estate plans. Please contact me.

Date: _____

Date:

Date:



DONOR INFORMATION

I/We would like a reminder by Mail Email

3. \$ _____

	I/We agree to allow the Foundation to publish my/our name(s) in various communications as follows:		
	I prefer not to have my name on donor lists.		
DESIGNATION			
I/We would like to designate my/our gift to (Priority or Program):			
	☐ Loyalty Fund supporting our greatest needs		Merit-Based Fellowships Fund
	☐ Service for Sight Fund		Training and Programming Fund
	□ Sisters Helping Sisters: Need-Based Scholarships Fund		Leadership Training Center and Expanded Archives Other:
	☐ Merit-Based Scholarships Fund		
Sig	nature:		Date:
TRUBUTE INFORMATION			
☐ In honor of ☐ In memory of			
Full name of honoree:			
Is the honoree a member of Delta Gamma?			
Send announcement of my gift to:			
Name:			
Address:			
Adv			
MATCHING GIFTS - Double your impact!			
Many employers offer as a benefit to their employees a matching gift program. These programs often double, and in some cases triple, the effective value of your contribution. If you would like to participate in this program or if you need additional information on your company's policies, contact your employer's Human Resources or Employee Benefits office for specific details.			
	My employer will match this gift. My employer is:		
	Enclosed is a completed matching gift form. Please verify and file with my employer.		
	☐ I have applied online for a matching gift. You should receive notice from my employer.		

For gifts of \$25,000 or more, a Gift Agreement may be presented.

Please return completed form and any check(s) to:

Delta Gamma Foundation 3250 Riverside Drive Columbus, OH 43221

THANK YOU!

