



Anchoring the Future

The Campaign for Delta Gamma

Gift Intention Form

Please complete this gift intention form to ensure your gift to the Delta Gamma Foundation will be used in accordance with your wishes.

DONOR INFORMATION

This gift is being made by An individual A group A chapter or association

Name: _____
First Middle/Maiden Last

Chapter of Initiation: _____ Joint gift with partner _____
(If applicable) Name (If applicable)

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: (_____) _____ Check here if this is a cell phone

FOR GROUP OR CHAPTER/ASSOCIATION GIFTS:

Name of the group, as it should be referenced (*i.e., Alpha pledge class of 1985, Alpha Rho-Ohio Wesleyan, Columbus alumnae chapter, Friends & family of ...*):

Point person for group gift:

(The group point person will receive correspondence related to the gift and serves as the group's representative.)

GIFT DESIGNATION

- | | |
|--|--|
| <input type="checkbox"/> Loyalty Fund (supporting our greatest needs) | <input type="checkbox"/> Merit-Based Graduate Fellowships Fund |
| <input type="checkbox"/> Service for Sight Fund | <input type="checkbox"/> Training and Programming Fund |
| <input type="checkbox"/> Sisters Helping Sisters: Need-Based Scholarships Fund | <input type="checkbox"/> Capital Initiatives |
| <input type="checkbox"/> Merit-Based Undergraduate Scholarships Fund | <input type="checkbox"/> Other: _____ |

IS THIS A TRIBUTE GIFT?

- In honor of (*marking a special occasion or celebrating someone*)
 In memory of (*honoring someone who has passed away*)

Honoree name: _____
First Middle/Maiden Last

Is the honoree a member of Delta Gamma? No Yes Chapter of Initiation: _____

Send tribute announcement to:

Name: _____ Email: _____

Address: _____

PAYMENT OPTIONS

Gift amount: \$ _____ One-time payment A recurring gift

Online Visit donate.deltagamma.org
(to make a one-time payment or set up a recurring gift)

Check Make checks payable to:
Delta Gamma Foundation
3250 Riverside Drive, Columbus, Ohio 43221

Intend to fulfill all or part of this commitment through a planned gift and/or by adding the Delta Gamma Foundation to will or estate plans

I/We agree to make a multi-year commitment on the following schedule:

1. \$ _____ Date: _____

2. \$ _____ Date: _____

3. \$ _____ Date: _____

4. \$ _____ Date: _____

5. \$ _____ Date: _____

Signature: _____ **Date:** _____

Publish name(s) as follows: _____

I prefer not to have my/our name(s) published.

MATCHING GIFTS - Double your impact!

Many employers offer a matching gift program. 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: _____

I have applied online for a matching gift. You should receive notice from my employer.

NOTES OR ADDITIONAL INFORMATION



Delta Gamma
Foundation

(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!