Theta Zeta Chapter Donation Form



| Name: | |
|---|----------------------------|
| | Unit #: |
| City: State: | Zip: |
| Country (if outside the U.S.A.): | Graduation Year: |
| Daytime Phone: | Evening Phone: |
| Mobile phone: | Email: |
| I Want to Make a Contribution of \$ Annual Fund - Alumni/Parent Due Building Fund | |
| ☐ I would prefer to make my donation anor☐ I would like to make my donation in trib | ute/in memory of |
| ☐ I would like to receive information about | leaving a gift in my will. |

Your checks should be made out as follows:

For the Annual Fund and the Building Fund: Delta Kappa Epsilon Fraternity.