



Chapter Gift Form – FT-1

Chapter Name: _____ Chapter Number: _____
 President's Name: _____ Phone: _____
 Chapter Address: _____
 City/State/Zip: _____
 Sent By: _____ Phone: _____

Checks MUST be made payable to Pi Beta Phi Foundation.

Submit ONE check for all Foundation donations. Do not include Fraternity dues or contributions.

To ensure proper credit, this form MUST accompany all chapter contributions to the Foundation.

All gifts must be postmarked by December 31 of each year in order to be considered for both Foundation Top 10 and Fraternity award consideration.

DESIGNATE OUR CHAPTER GIFT AS FOLLOWS:

Friendship Fund (REQUIRED)	\$ _____
Emma Harper Turner Fund (<i>optional</i>)	\$ _____
Arrow in the Arctic/Canadian Philanthropies (<i>optional</i>)	\$ _____
Literacy (<i>optional</i>)	\$ _____
Undergraduate Scholarships (<i>optional</i>)	\$ _____
Graduate Fellowships (<i>optional</i>)	\$ _____
Alumnae Continuing Education Scholarships (<i>optional</i>)	\$ _____
Memorial or Recognition (<i>optional; please use tribute gift information form</i>)	\$ _____
TOTAL ENCLOSED \$ _____	

Mail to: Pi Beta Phi Foundation, 1154 Town & Country Commons Drive, Town & Country, Missouri 63017

Do not write below this line (for office use only).



Chapter Gift Form – FT-1

Tribute Gift Information Form

You can designate part of your chapter gifts in memory or recognition of exceptional alumna. Complete the information below, and the Foundation will send them or their family a card informing them of your gift.

This gift is in memory/recognition (circle one) of:

Name: _____

Chapter/Initiation Year: _____

If memorial, date of death (month and year):

Please notify:

Name: _____

Address: _____

City/State/Zip: _____
If memorial, relation to deceased: _____

This gift is in memory/recognition (circle one) of:

Name: _____

Chapter/Initiation Year: _____

If memorial, date of death (month and year):

Please notify:

Name: _____

Address: _____

City/State/Zip: _____
If memorial, relation to deceased: _____

This gift is in memory/recognition (circle one) of:

Name: _____

Chapter/Initiation Year: _____

If memorial, date of death (month and year):

Please notify:

Name: _____

Address: _____

City/State/Zip: _____
If memorial, relation to deceased: _____

This gift is in memory/recognition (circle one) of:

Name: _____

Chapter/Initiation Year: _____

If memorial, date of death (month and year):

Please notify:

Name: _____

Address: _____

City/State/Zip: _____
If memorial, relation to deceased: _____