



Chapter Gift Form – FT-1

Chapter Name: _____ Chapter Number: _____
 Sent By: _____ Email: _____
 President's Name: _____ Email: _____
 AAC-Finance: _____ Email: _____
 Chapter Address: _____
 City/State/Zip: _____

1. **All checks MUST be made payable to Pi Beta Phi Foundation.** DO NOT include Fraternity dues or contributions.
2. **All gifts must be postmarked by December 31 of each year** in order to be considered for Fraternity chapter recognition as well as Foundation Top 10.
3. **Use this form if you want your chapter to get proper credit!**

DESIGNATE OUR CHAPTER GIFT AS FOLLOWS:

Friendship Fund (<i>REQUIRED</i>)	\$	
<i>Fraternity required contributions as outlined in the Chapter Evaluation: \$10 (PI); \$15 (BETA); \$25 (PHI) per member annually.</i>		
The Literacy Fund (<i>Optional for PI and BETA; Required for PHI</i>)	\$	
<i>Fraternity required contributions as outlined in the Chapter Evaluation: Optional (PI and BETA); \$25 (PHI) per member annually.</i>		
Emma Harper Turner Fund (<i>*Optional</i>)	\$	
Arrow in the Arctic/Canadian Philanthropies Fund (<i>*Optional</i>)	\$	
Holt House Fund (<i>*Optional</i>)	\$	
Undergraduate Scholarships Fund (<i>*Optional</i>)	\$	
Graduate Fellowships Fund (<i>*Optional</i>)	\$	
Alumnae Continuing Education Scholarships Fund (<i>*Optional</i>)	\$	
Memorial or Recognition (<i>*Optional; please use tribute gift information form</i>)	\$	
TOTAL ENCLOSED		\$ _____

**Optional but does count toward BETA level requirement for majority of chapter fundraising to Pi Beta Phi initiatives through Pi Beta Phi Foundation.
 For an up-to-date record of Foundation contributions, please see the Chapter Contributions Report in eReports, under the "Philanthropy" tab.*

QUESTIONS? Call Betsy McCune at (636) 256-1357 or email betsy@pibetaphi.org

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



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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: _____