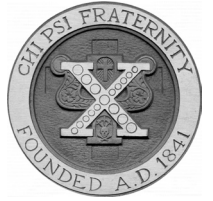


Alpha Delta Delta of Chi Psi Donation Form



Name: _____

Address: _____ 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 \$ _____ For:

- I would prefer to make my donation anonymously.
- I would like to make my donation in tribute/memory of _____.
- I would like to receive information about leaving a gift in my will, trust or life insurance policy.
- I would like to contribute a product or service to be used by the Alpha or sold through an auction or drawing.
- I have enclosed a matching gift from my employer.

Please make your check out to: Alpha Delta Delta of Chi Psi