

Gift Form

Circle of Sisterhood Foundation Mission

We will leverage the collective wisdom and influence of sorority women to raise financial resources to entities around the world that are removing educational barriers for girls and women facing poverty and oppression.



Donor Information (please print or type)

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (cell)	
E-Mail	
Affiliation (if applicable)	

Gift Information

I (we) pledge a total of \$ _____ to be paid:
 ____ now ____ monthly ____ quarterly ____ yearly

I (we) plan to make this contribution in the form of:
 ____ cash ____ check ____ credit card ____ other

Please make checks, corporate matches, or other gifts payable to: Circle of Sisterhood Foundation
 P.O. Box 90257
 Indianapolis, IN 46290

Credit card type	
Credit card number	
Expiration date	
Authorization Code (3 digit)	
Authorized signature	Date:

Gift will be matched by _____ (company/family/foundation).
 ____ form enclosed ____ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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____ I (we) wish to have this gift remain anonymous.

____ I (we) wish this gift to be in memory of: _____

____ I (we) wish this gift to be in honor of: _____

Please send an acknowledgement of this honor gift to *(please provide name and address for letter)*:
