



Phi Chi Theta Educational Foundation Donation Form

Name: _____

Address: _____

City: _____ **State/** _____ **Zip/Postal**
Country: _____ **Code:** _____

Phone: _____ **E-mail:** _____

Chapter: _____ **Employer/**
Job Title: _____

I want to make a tax-deductible contribution of: \$25 \$50 \$100 \$250

\$500 \$1,000 Other: \$ _____ Yes, my company has a matching program.
I will apply for the matching grant.

Enclosed is my check in the amount of: \$ _____

I wish to pay the remaining balance in 4, 6, or 12 easy installments of: \$ _____

Please use my gift for the following purposes (select one or more):

\$ _____ Naomi L. Satterfield Memorial Scholarship

\$ _____ Irene M. Meyer Memorial Scholarship

\$ _____ Dr. Kay Durden Memorial Scholarship

\$ _____ Trustees' Scholarship

\$ _____ Anna E. Hall/Helen D. Snow Memorial Scholarship

\$ _____ Educational Programs and Training

\$ _____ General Fund

Please make check payable and send to:
Phi Chi Theta Educational Foundation
1508 East Beltline Road, Suite 104
Carrollton, TX 75006

THANK YOU!