



Alpha Sigma Alpha Foundation Valentine's Day Donor Form

Contact information:

Name: (list all names that should be included on the card)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Are you an Alpha Sigma Alpha alumna? Yes No

Recipient's contact information: (where Valentine card should be mailed)

Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

I would like to donate today! (All donations are tax deductible)

- \$25
- \$109 - in honor of 109 years of sisterhood
- Other \$_____ (\$25 minimum to send card)
- I would like to double my gift by **signing up for my employer's matching gift program.** To participate, please contact your human resources department.
- I have questions and would like to receive a call from a Foundation representative.

Payment method:

- Check Enclosed (make payable to the Alpha Sigma Alpha Foundation)
- Bill my credit card immediately (MC/Visa)

Acct# _____ Expiration: _____ Sec. Code: _____

Signature _____ Print name of cardholder: _____



Please return to: Alpha Sigma Alpha Foundation
9002 Vincennes Circle Indianapolis, IN 46268
Phone: (317) 713-1924 Fax: (317) 713-1925
E-mail: nspears@alphasigmaalpha.org
Website: www.alphasigmaalpha.org/foundation