

Contribution Form

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## Zeta State Share the Future Fund

Date \_\_\_\_\_

Amount \_\_\_\_\_

Complete applicable section(s) below:

➤ **Member Contribution:**

Name \_\_\_\_\_ Chapter \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

➤ **Chapter Contribution:**

Name of Chapter \_\_\_\_\_

Chapter Treasurer \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

➤ **This contribution is in ☐ honor/☐ memory of \_\_\_\_\_**

Send Notification to: \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Complete the section(s) above that apply to you.  
Mail the completed form, along with your check made payable to **Zeta State**, to  
Sarah Smith

*“Together we build the future of Zeta State.”*