

Gift Form

Circle of Sisterhood Foundation Mission: *Our mission is to leverage the collective influence of sorority women to raise financial resources for entities around the world that are removing educational barriers for girls and women facing poverty and oppression.*

Donor Information (please print or type)

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

Gift Information

I (we) pledge a total of \$_____ to be paid:

____ now ____ monthly ____ 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 551
Belmont, NC 28012

Credit card type	
Credit card number	
Expiration date	
CVV code	
Authorized signature	

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 acknowledgment of this tribute gift to (*please provide name and email address or mailing address for letter*):

