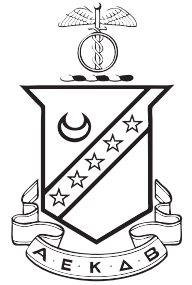


Beta-Xi Chapter Donation Form



Name: _____

Address: _____ Unit #: _____

City: _____ State: _____ Zip: _____

Country (if outside the U.S.A.): _____ Initiation Year: _____

Daytime Phone: _____ Evening Phone: _____

Mobile phone: _____ Email: _____

I Want to Make a Contribution of \$ _____ For:

<input type="checkbox"/> Annual Alumni Dues
<input type="checkbox"/> Building Fund

- I would prefer to make my donation anonymously
- I would like to make my donation in tribute/in memory of _____.
- I would like to receive information about leaving a gift in my will.

Your checks should be made out as follows:

For Annual Alumni Dues and the Building Fund: **Beta-Xi of Kappa Sigma**