## **Contribution Form**



**Donor Information:** Complete either 1). or 2). below.

1). If donor is an individual, check here □ and complete individual information:

,	•	M. 1. "		
Name:Member #:				
Address:				
City:		State: Zip:		
2). If donor is a chapter organization information	, , ,	provincial assembly, check here $\square$ a	nd complete	
Province:	Diocesan Assembly:			
		Charter #:		
		the president on record of the organization i		
Contribution Detainment  Please apply the donation  Master's Fund  Alpha Fund  Self Denial Fund  Endowment Fund		☐ National Enrichment ☐ International Development ☐ International Crosses ☐ Dues Assistance ☐ General Operating	\$ \$ \$ \$	
In memory, in honor, thanksgiving of:(Circle one of the above)		(Please list Name or Event here)		
Acknowledge this gift	to:			
A letter will be mailed	to the individual or family for	r donations given in memory, in honor, or the	hanksgiving.	
Name:				
Address:				
City:		State: Zip:		

Donations received that do not indicate a specific fund or that state "Use where needed" will be applied as determined by the Executive Board of The Order.

All donations are tax deductible to the extent provided by law.

Submit completed form to the National Office via mail, fax or email: 101 Weatherstone Dr, Ste 870, Woodstock, GA 30188 ♦ Fax: (770)517-8066 ♦ Email: DOK1885@doknational.org