



Chapter Gift Form – FT-1

For gifts submitted July 1, 2009 – June 30, 2010

Chapter Name: \_\_\_\_\_ Chapter Number: \_\_\_\_\_  
 President's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Chapter Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Sent By: \_\_\_\_\_ Phone: \_\_\_\_\_

Please make Foundation gifts payable to Pi Beta Phi Foundation and mail to:  
Pi Beta Phi Foundation, 1154 Town & Country Commons Drive, Town & Country, Missouri 63017

This form **MUST** accompany all chapter contributions to the Foundation.  
*Contributions for Fraternity awards consideration are due on or before December 1, 2009.*

*Contribution required by Fraternity:*

Friendship Fund .....	\$ _____
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*Additional Contributions:*

Emma Harper Turner Fund .....	\$ _____
Literacy .....	\$ _____
Undergraduate Scholarships .....	\$ _____
Graduate Fellowships .....	\$ _____
Alumnae Continuing Education Scholarships .....	\$ _____
Memorial or Recognition ( <i>Please include tribute gift information on additional page provided</i> ) ...	\$ _____
<b>TOTAL \$ _____</b>	

**Please submit ONE check for all of the above Foundation gifts.**  
(Do not include Fraternity contributions or dues with Foundation gifts.)

*Do not write below this line (for office use only).*



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Memorial / Recognition Gift Information

This gift is in memory/recognition (circle one) of:  
Name: \_\_\_\_\_  
Chapter/Initiation Year: \_\_\_\_\_  
If memorial, date of death (month and year):  
\_\_\_\_\_

Please notify:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
If memorial, relation to deceased: \_\_\_\_\_

This gift is in memory/recognition (circle one) of:  
Name: \_\_\_\_\_  
Chapter/Initiation Year: \_\_\_\_\_  
If memorial, date of death (month and year):  
\_\_\_\_\_

Please notify:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
If memorial, relation to deceased: \_\_\_\_\_

This gift is in memory/recognition (circle one) of:  
Name: \_\_\_\_\_  
Chapter/Initiation Year: \_\_\_\_\_  
If memorial, date of death (month and year):  
\_\_\_\_\_

Please notify:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
If memorial, relation to deceased: \_\_\_\_\_

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Name: \_\_\_\_\_  
Chapter/Initiation Year: \_\_\_\_\_  
If memorial, date of death (month and year):  
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Please notify:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
If memorial, relation to deceased: \_\_\_\_\_

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If memorial, date of death (month and year):  
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Please notify:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
If memorial, relation to deceased: \_\_\_\_\_