

# DONATION OR PLEDGE FORM

Contributions to The Delta Foundation are deemed charitable under section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(3). Please consult your accountant for any clarifications. Payments must be received before the end of the year to be eligible for a tax deduction in that year. There is no minimum contribution amount. Checks must be made payable The Delta Foundation. Checks made payable to other payees or multiple payees will be returned. CFC donations from federal employees cannot be 'chapter-designated'. Those donations go directly to DREF.

## I. CONTRIBUTOR INFORMATION *(Your personal information is kept confidential)*

First Name	Last Name		
Street Address	City	State	Zip
Preferred Phone	E-mail		

I, \_\_\_\_\_ am committed to contribute financially to The Delta Research and Educational Foundation \$ \_\_\_\_\_ to the very best of my ability. \_\_\_\_\_ *Please Initial*

## II. DONATIONS

A ONE-TIME DONATION, IN THE AMOUNT OF:

\_\_\_\$5,000    \_\_\_\$2,500    \_\_\_\$1,000    \_\_\_\$500    \_\_\_\$100    \_\_\_\$50    Other: \_\_\_\_\_

A REOCCURRING DONATION, AS FOLLOWS:

A sum of the \$ \_\_\_\_\_ Once Every \_\_\_\_\_ Month \_\_\_\_\_ Quarter \_\_\_\_\_ Year, amounting to a Total of \$ \_\_\_\_\_

## III. PURPOSE

- |   |  |
|---|--|
| <input type="checkbox"/> Unrestricted to The Delta Foundation | <input type="checkbox"/> Restricted to Chapter Educational/Charitable Programs |
| <input type="checkbox"/> In Honor of _____                    | _____  |
| <input type="checkbox"/> In Memory of _____                   | <input type="checkbox"/> Restricted Other _____                                |

## IV. METHOD OF PAYMENT

- Check enclosed, Please make checks payable to "**Delta Research and Educational Foundation**"
- Please bill my credit card:    Card type:     Visa     MasterCard     American Express     Discover

Account number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CSC/CCV2: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

## V. CERTIFICATION

I am aware and acknowledge that when making this gift and future gifts to the Foundation or any of its funds, I am making it of my own free will and that once the asset is transferred it becomes the property of The Delta Foundation to be used for charitable and educational purposes as outlined by the Foundation, **subject to such approved donor restrictions as are permitted by law**. I understand that unless approved in writing by the Foundation, my requests regarding the Foundation's use of my contribution is a non-binding request and that The Foundation's Board of Directors makes all grant decisions at its sole and independent discretion, subject to applicable law and approved donor restrictions. I certify that if grants are distributed from my donation, they will not fulfill a pre-existing pledge. Further, neither I, nor any other individual, will receive any goods, services or other private benefit from the organization as consideration for the amount of the contribution that is tax deductible. We will not share your personal information for marketing or promotional purposes to unaffiliated entities

Authorized Signature: \_\_\_\_\_