

Hawai'i Alpha Delta Kappa Donation Form

TO SUPPORT THE EFFORTS OF WOMEN EDUCATORS IN THE DEVELOPMENT
OF SCHOLARSHIP, ALTRUISTIC PROGRAMS, AND OTHER ENDEAVORS

I would like to contribute to Hawai'i Alpha Delta Kappa as designated below.

Date _____

A. Donation Amount: \$_____ Please credit donation to the following purpose(s):

- 1. HAAK Student Scholarship _____
- 2. Altruism _____
- 3. Other _____

B. Check one (1) of the following:

- 1. ___ I give permission to list my name as a donor in the state newsletter, Ka Pine Ho'ohui.
- 2. ___ Our chapter gives permission to list our name as a donor in the state newsletter, Ka Pine Ho'ohui.
- 3. ___ I/We prefer to remain as an anonymous donor.

C. Optional - Designate donation for one (1) of the following:

- 1. ___ In honor of _____
- 2. ___ In recognition of _____
- 3. ___ In memory of _____
- 4. ___ Other _____

Reason for donation: _____

Donor's Name _____ Chapter _____

Address _____ City/State/Zip _____

Send acknowledgment to:

Name _____

Address _____

City, State, Zip _____

Make check payable to HAWAII ALPHA DELTA KAPPA.

Send donation form and check to State Treasurer.

Note: Donations to HAAK are NOT tax deductible.

* * * * * *For Treasurer Only* * * * * *

Amount Received: _____

Date Received: _____

Acknowledgement sent to Donor: _____
date

Acknowledgement sent to Honoree: _____
date