

**HAWAII ALPHA DELTA KAPPA
MEMORIAL AND RECOGNITION FUND**

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

I have chosen to make a contribution to the Hawaii Alpha Delta Kappa Memorial and Recognition Fund to be given to the Hawaii Alpha Delta Kappa Student Scholarship Fund for the Teacher Education Program.

Date _____

Enclosed is my donation: _____ in memory of
 _____ in recognition or honor of
 _____ others

Name _____

Reason _____

Amount _____

Donor's Name: _____ Chapter _____

Address: _____

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Please send acknowledgment to:

Name _____

Address _____

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Please make checks payable to HAWAII ALPHA DELTA KAPPA
On the check, write: HAΔK Student Scholarship
Send to State Treasurer: Jocelyn Tengan 440 Aleo Place., Kahului, HI 96732

Donations to HAΔK are NOT tax deductible