## HOUSTON ALUMNAE PANHELLENIC FOUNDATION (HAPF) DONOR FORM FOR INDIVIDUALS

Donor's name as it should appear in the program:				
(Donations will	be listed in the Luncheon	Program if r	eceived by M	farch 15)
Sorority (If Applicable):_				
Address:				
Address: (Street)		(City)	(State)	(Zip)
Donation made for: (Chec Foundation C Specific Scho	General Scholarship Fund			
Please list full name of Sc	holarship:			
Please list name of person	or persons you are makin	g your gift in	honor, or, in	memory of:
In Memory of				
In Honor of				
Acknowledgement to be s Name:	ent to:			
Address:				
City:		State:		_Zip:
Check Amount:	Check Number		_	
Please make checks paya My Company has a	<b>able to:</b> Houston Alumna Matching Gift Program		Foundation enclosed	or HAPF
May we have permission to Please circle yes or no:	to publish your name to th YES NO	e HAPA web	site as a Ber	efactor?
PLEASE MAIL TO: HA 5868 A-1 Westheimer Ro Houston, TX 77057-564	d # 342			

For questions, please contact: webmaster@houston-panhellenic.org

Our sincerest thanks for your generous contribution!

HAPF is a Texas nonprofit corporation which is tax-exempt under Section 501(c)(3). Contributions are tax deductible to the extent allowed by law.