

Florida DKG

Educational Foundation, Inc.

**Contribution Form**

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* Checks or money orders and this completed form should be sent to:

**Florida DKG Educational Foundation, Inc.**

**4195 Sparrow Hawk Road,**

**Melbourne, FL 32934**

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**Name of individual or group Chapter**

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**DONOR INFORMATION**

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(The above will appear on the notice sent to family or honoree.)

If this contribution is made in memory or in honor of another individual, please provide the appropriate information below. An acknowledgement note, including donor information, will be sent to the person designated below.

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Send card to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IN HONOR OF**

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Revised 08/25/21 CAC/DG