

CONTRIBUTION FORM

My tax-deductible contribution is \$	
Name of donor(s)	
Street	
City/State/Zip	
Telephone () Email	
Select one of the giving options below:	
☐ EGIF Community Center Capital Campaign Fund	
☐ I would like to donate to a specific EGIF program:	
☐ Kappa Leadership Institute - Chicago ("Kappa League - Chicago"):	
☐ EGIF Scholarship:	
☐ I would like to donate to a specific fundraiser:	
☐ Achievement at Its Best Spring Gala	
☐ Beta Links Golf Tournament	
☐ Annual Scholarship Concert	
☐ Check (make payable to EGIF) ☐ Visa ☐ MasterCard	
Name (as it appears on the card):	
Card #: /// Expiration Date:/	
Billing Address:	
City/State/Zip:	
Signature: Today's Date:	
☐ I am making a stock transfer. (Please call Walter Miller at (773) 363-1683 to obtain transfer information)	
This gift is made \Box in honor of \Box in memory of	
Send recognition of this gift to:	
Name	
Street	
City/State/Zip:	
Please send additional information about:	
☐ Including EGIF in my estate plan ☐ Establishing an endowment fund ☐ Other opportunities for g	giving
Your completed form may be sent:	
By Fax to: 877-344-0404	
By Mail to: Edward G. Irvin Foundation	
P.O. Box 53452	
Attention Walter Miller	
Chicago Illinois 60653	

If you have any questions, please call our Office at (773) 363-1683 or email us at Giving@EGIFoundation.org.