



Alpha Psi Foundation

EDUCATION, SCHOLARSHIP, & LEADERSHIP

"Creating Tomorrow's Leaders"

A 501(c) (3) tax exempt public benefit corporation EIN 65-1316835

Memorial Donation / Pledge Form

Please accept my donation to the Alpha Psi Education, Scholarship & Leadership Foundation

Name: _____ **Chapter:** _____ **Year Graduated:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-mail:** _____

Enclosed, please find a Memorial Gift of \$ _____ **in memory of:** _____

Payment Method: Personal Check

Credit Card (single and reoccurring credit card payments may only be initiated by the donor at the website: www.AlphaPsiFoundation.net)

Donation Recognition Levels

When you make your donation, the person you designate receives a memorial card that indicates in whose memory or honor the gift has been made and lists your name as the donor. Your generous donation will be added to the website.

Visit www.AlphaPsiFoundation.net for a list of contributors.

If you wish to remain anonymous, please check here

Please send memorial donation card to the family of Name: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Remit to:

Alpha Psi Foundation

P.O. Box 4092

Stockton CA 95204-4092

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