

CHAPTER OR GROUP CONTRIBUTION FORM ALPHA STATE TEXAS EDUCATIONAL FOUNDATION (ASTEF)

Instructions:

- A separate contribution form and check are required for each fund to which a gift is made.
- Gift acknowledgement will be sent to the honoree or to the person designated for a memorial gift.
- Mail completed contribution forms with checks made payable to ASTEF to PO Box 797787, Dallas, TX 75379.

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	Date		Amo	ount	\$					
NAME of FUND to which contribution is to be applied. (Please check only one)										
	Scho	larship Fund	Leadersl	hip Fu	nd	Projects Fund				
GIFT IS FROM										
(Name of chapter, area number, or group)										
TREASURER CONTACT INFORMATION (The above name will appear on the acknowledgment sent to the honoree or person designated for memorial.)										
Name			En	nail						
Mailing Address			Te	lepho	ne					
City/Zip Code										
Complete one of the f	ollowing	(optional)								
In MEMORY OF				In HONOR OF						
Please notify the follo	wing per	son of the gift/cont	ribution (opt	tional)						
Name		-	•							
Mailing Address										
City/State/Zip Code										

<u>FOR CHAPTER RECOGNITION ONLY</u> — Please send a separate form and check to contribute to different funds. FOR RECOGNITION IN THE TSO CONVENTION PROGRAM, CONTRIBUTIONS MUST BE POSTMARKED BY APRIL 1.

Scholarship Fund	Leadership Fund	Projects Fund		
Honors - \$1 per member	Journeyers - \$1 per member	Groundbreakers - \$1 per member		
Double Honors - \$2 per member	Trailblazers - \$2 per member	Builders - \$2 per member		
Triple Honors - \$3 per member	Chapter Contribution	Chapter Contribution		
Chapter Contribution				

SPECIAL INSTRUCTIONS:			