



LAMBDA CHI ALPHA

Contact Information

Name(s): _____
Grad Year: _____ Alpha-Gamma #: _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Gift Information

I/We have provided for the future of Alpha-Gamma Zeta in the following way:

- Bequest through will or trust IRA/Retirement plan assets
 Life insurance Other: _____

The estimated current value of my gift is: \$ _____

Please include a copy of the paragraph or page from your will, trust, deed, life insurance or retirement plan beneficiary designation describing your gift provision.

Recognition

For recognition purposes, please list my/our name(s) as follows: [please print]

- Please do not include my/our name(s) in any public listings of donors.
 I/we wish to remain anonymous

Signature

Date

Thank you for your gift!