



**Kappa Delta Pi 6th Annual *Bowling for Education*
Benefiting Cook Children's**

Business Donation Form

I. CONTRIBUTOR INFORMATION

Business Name _____

Contact Name _____

Street Address _____ Suite _____

City _____ State _____ ZIP _____

E-mail _____ Phone _____

II. CONTRIBUTION INFORMATION

A. Monetary Contribution

Amount of Contribution _____ Check number _____

Please make checks payable to ***Kappa Delta Pi***.

B. Raffle Contribution

Type of Contribution: Gift Certificate Item Service

Estimated value of gift(s): _____

Description of gift(s): _____

Expiration date or restrictions: _____

Contribution enclosed Needs to be picked up*

*If you have not already made arrangements with the Kappa Delta Pi member who contacted you, please e-mail Teaira Little at tlittle@uta.edu to arrange a time for us to pick up your contribution.

III. PRINTING

I *would* *would not* like my company name to appear in all publications.

If so, please print your name or company name exactly as it should be listed in printed materials: _____

Logos: If you have a company logo you would like us to use, please e-mail the image as an attachment to Teaira Little at tlittle@uta.edu