

KENTUCKY SUMMER 2020 DONATIONS FORM

Chapter/Donor Name: _____ **Date:** _____

Donor Address: _____ **Phone:** _____

Chapter Code or National #: _____ **Email:** _____

Chapter Treasurer: _____ **Phone #:** _____

Giving Options

- | | |
|--|-----------------|
| 1) DTHC Operations | \$ _____ |
| 2) DTHC Enduring Endowment | \$ _____ |
| 3) KY State Box & State Seal / State Regent's Project | \$ _____ |
| 4) Virtual Summer Meeting | \$ _____ |
| 5) All above State needs divided equally | \$ _____ |

Please make checks payable to: KSDAR State Treasurer and Mail to:

**Robin Menefee
3209 Laurel Oak Ct.
Edgewood, KY 41017**