



Association for Learning Environments
DONATION TO SOUTHERN REGION FOUNDATION

ORGANIZATION NAME: _____

AUTHORIZED REPRESENTATIVE _____

PURPOSE FOR DONATION: _____

DATE: _____

DONATION AMOUNT: _____

ARE FUNDS EARMARKED FOR A SPECIFIC ACTIVITY? _____

ARE FUNDS EARMARKED FOR A SPECIFIC CHAPTER? _____

OTHER INSTRUCTIONS: _____

HOW IS THE MONEY BEING DONATED?
CHECK _____ CHECKING ACCOUNT TRANSFER _____
CASH _____ OTHER _____

AUTHORIZED SIGNATURE: _____