

Kappa Alpha Psi Fraternity, Inc. – Philadelphia Alumni

LEGACY PROGRAM ENROLLMENT FORM

First Name	MI	Last
Current Address		
City	State	ZIP Code
Home Phone Number	Alternate Phone Number	Mobile Phone Number

DESIGNATION (Check All that Apply)	AMOUNT FOR EACH
<input type="checkbox"/> GENERAL OPERATIONS	\$
<input type="checkbox"/> SCHOLARSHIP	\$
<input type="checkbox"/> GUIDE RIGHT	\$
<input type="checkbox"/> HOUSING CORPORATION	\$
<input type="checkbox"/> OTHER(S) _____	\$

EXECUTOR:	SIGNATURE:
ADDRESS:	
Phone Number	Alternate Phone Number
MEMBER SIGNATURE	DATE:
LAST FOUR DIGITS OF YOUR SSN# _____ (TRACKING PURPOSES ONLY)	

Please return this form to:

Kappa Alpha Psi – Philly Alumni
 c/o Legacy Fund Program
 5521 Germantown Avenue
 Philadelphia, PA 19144-2225

This fund is for members of Kappa Alpha Psi Fraternity, Inc. who want to donate funds to the Philadelphia Alumni Chapter Legacy Fund upon their passing. This information should be left in your **“WILL”** and given to your **“EXECUTOR”** of your estate. This information is **STRICTLY CONFIDENTIAL**.