



**Delta Life Development Foundation
and
St. Louis Metropolitan Alumnae Chapter of Delta Sigma Theta Sorority, Inc.
2019 - 2020 Scholarship Award Fund Donation Form**

1.	Date:	Donor Last Name:	Donor First Name:		
2.	Permanent Street Address:	City	State	Zip	
3.	Accessible Telephone Number:	Accessible Email Address:			
4.	Check/Money Order # _____ Donation Distribution: ___ Cora Cade-Lemmon Donation Amount: \$ _____ ___ Elaine M. Diggs Donation Amount: \$ _____ ___ D.R.E.A.M Donation Amount: \$ _____ ___ Tomorrow's Business Leaders Donation Amount: \$ _____ ___ Young Leaders of Distinction Donation Amount: \$ _____ ___ No Preference (General Donation) Donation Amount: \$ _____				

This form **must** accompany **all donations**. Cash donations **will not** be accepted. All checks and/or money orders should be made payable to: ***Delta Life Development Foundation.***

Donation form and payment should be mailed to: **Delta Life Development Foundation
P.O. Box 38244
St. Louis, MO 63138**