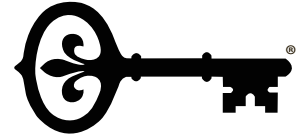




Tablescares 2011

Key Honoree



Honorariums and Memorials
\$25 each

As Kappas...

We honor our badge, the golden key

We honor our flower, the fleur-de-lis

We honor our colors, the sky and sea

At Tablescares...

We pay tribute to our **KEY HONOREES**
and raise funds for our beneficiaries!

We invite you to honor or remember those special people who have played a **KEY** role in your life or organizations who are **KEY** to the community (mothers, daughters, teachers, mentors, role models, and organizations). These tributes will be acknowledged in the Kappa Tablescares program. Please note the deadline for receipt of honorariums and memorials is October 7, 2011 to be included in the program.

Make a copy for your records

Mail/Fax/Email forms to:

Shannon Thompson, 6115 Aberdeen Ave., Dallas , Texas 75230
(fax) 214-373-0813, (email) shan_thompson@att.net
Online forms are available at www.kappadallas.org in the Kappa Store

Please complete order form on back

Purchaser Information

Name: _____

Phone _____ Email _____

Payment Information

Enclosed is my check in the amount of \$ _____ Please make check payable to **Kappa Kappa Gamma Foundation, Inc.**

Please charge my payment to Visa MasterCard American Express

Amount: \$ _____ Account # _____

Expiration date _____ Security Code _____ Signature: _____

**Please direct any questions to Amanda Barringer, ambarrin@hotmail.com, 214-773-4222
or Marcia Ellis, mmellis@sbcglobal.net, 214-559-0434.**

**The Dallas Alumnae Association Kappa Kappa Gamma Foundation, Inc. is a 501(c)(3) organization.
Please consult your tax professional regarding the deductibility of your purchase.**

Purchaser Name _____

Complete one section for each honoree.

Select One: In Honor Of In Memory Of Amount \$25 or more _____

Name: _____

Acknowledgement to (person/s to be notified) _____

Address: _____ City,State,Zip _____

Select One: In Honor Of In Memory Of Amount \$25 or more _____

Name: _____

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Address: _____ City,State,Zip _____

Select One: In Honor Of In Memory Of Amount \$25 or more _____

Name: _____

Acknowledgement to (person/s to be notified) _____

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Address: _____ City,State,Zip _____

Select One: In Honor Of In Memory Of Amount \$25 or more _____

Name: _____

Acknowledgement to (person/s to be notified) _____

Address: _____ City,State,Zip _____

Select One: In Honor Of In Memory Of Amount \$25 or more _____

Name: _____

Acknowledgement to (person/s to be notified) _____

Address: _____ City,State,Zip _____

Number of honorees _____ **Total amount of donation \$** _____

To pay for KEY HONOREES, complete payment information on page front.