

# ALPHA KAPPA ALPHA DONOR FORM

Date: \_\_\_\_\_

Used Pairs: \_\_\_\_\_

Shoe Drive Contact\*: \_\_\_\_\_

Club Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Check the box to receive email updates from Soles4Souls outside of AKA's shoe drive initiative

### For S4S Internal Use Only

Date Received	Location/Warehouse	S4S Employee

