

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

SOLES4SOULS
Turning shoes and clothing into opportunity



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#GiveShoesGiveLove