



**SIGMA PUBLIC EDUCATION AND RESEARCH FOUNDATION (SPEAR)  
REMITTANCE FORM**

Region: \_\_\_\_\_ Chapter: \_\_\_\_\_ Sorority Year: \_\_\_\_\_  
Reporter's Name: \_\_\_\_\_

First Name	Last Name	Address / City /State	Phone	Email	Membership / Type / Status	Sorority Year
1						
2.						
3.						
4.						
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10.						

**IMPORTANT NOTE: SPEAR NO LONGER ACCEPTS REGISTERED OR CERTIFIED RECEIPT MAIL.**

**Instructions:** Please type or print clearly ALL Information requested for each paying member on the form. Each name represents a donation of \$7.00 to the SPEAR Foundation.

Remittance: Please submit payment to <https://www.spearfoundation.org/spear-donation-remittance-site.html>

Financial Officers: Please upload your file to the payment.