

Affiliation

<input type="checkbox"/>	Sigma Life Members	<input type="checkbox"/>	Rhoers
<input type="checkbox"/>	Sigma Members	<input type="checkbox"/>	Graduates
<input type="checkbox"/>	Philos	<input type="checkbox"/>	Undergraduates



Region

<input type="checkbox"/>	Central	<input type="checkbox"/>	Southwestern
<input type="checkbox"/>	Northeastern	<input type="checkbox"/>	Western
<input type="checkbox"/>	Southeastern		

**Seven Pearls Foundation Inc. Remittance Form
A 501(c)(3) Foundation**

Sorority Fiscal Year: _____

Chapter Name: _____

Chapter Representative Email: _____

	Name (Last, First, MI)	Address City, State, Zip	Phone# (Area Code) Number	E-mail Address
1				H C
2				H C
3				H C
4				H C
5				H C
6				H C
7				H C
8				H C
9				H C
10				H C

Please use this form only if sending in multiple money orders. If sending credit cards, an individual remittance form is needed for each candidate. You will not need to send this form with credit card remittance forms.

Mail Forms to: Seven Pearls Foundation, Inc.
1000 Southhill Drive, Suite 201
Cary, NC 27513-8630
Phone#: 984-228-8058 Fax#: 919-800-3367