



**CHAPTER CHALLENGE  
CHAPTER COMMITMENT FORM**

Please Complete the Information Below if your Alumni Chapter plans to participate in the Tom Joyner Foundation Chapter Challenge.

**ALUMNI CHAPTER INFORMATION:**

Name of Chapter: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

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

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

**SOTM PARTNER INFORMATION**

HBCU Contact Name: \_\_\_\_\_ Contact's Title: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**DONATION AMOUNT**

Proposed Amount to be raised: \$ \_\_\_\_\_

Actual Amount raised: \$ \_\_\_\_\_

(to be completed by the Tom Joyner Foundation Office)

**PAYMENT METHOD**

**Check All Checks Must Be Made Payable To: *The Tom Joyner Foundation***  
**Mail To:**  
**PO Box 630495, Irving, TX 75063-0495**

**THIS FORM MAY BE FAXED FOR CREDIT CARD DONATIONS TO: 972-789-1428**  
 **Make Donation via Credit Card**  
    \_\_\_ VISA \_\_\_ MasterCard \_\_\_ DISCOVER \_\_\_ AMERICAN EXPRESS  
Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Print Name as Shown on the Card:  
\_\_\_\_\_ Signature: \_\_\_\_\_

The National Alumni Association Chapter President signing this Chapter Challenge Commitment Form agrees to participate in the Tom Joyner Foundation Chapter Challenge and submit the Donation Amount to the Tom Joyner Foundation by the 15<sup>th</sup> of the SOTM partnership month in order to receive recognition on the Tom Joyner Morning Show during the partnership month.

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

Title: \_\_\_\_\_