

Phi Sigma Kappa Foundation

Investing in Education and Leadership

Pledge Form

Annual Fund Campaign: July 1 – June 30

DONOR INFORMATION

Name:	
Address:	
City:	
State:	ZIP Code:
Preferred Phone	Business Phone:
Alt Phone	Fax:
Preferred E-Mail	
Spouse or Significant Other Name	

PAYMENT INFORMATION

I plan to make this contribution in the form of:
 Cash Check Credit card Other

Please charge my card:

\$ _____ **Annual**
y

\$ _____ **Bi-annual**

\$ _____ **Reoccurring Monthly** Every month on _____

I authorize my gift to become effective on _____, 20____ and continue until authorization is rescinded in writing.

Card Type: Visa MasterCard American Express

Account #: _____ Exp. Date: _____

PLEDGE INFORMATION

I pledge a total of _____ over _____ years.

	Triple T Society Membership	Annual Gift	Bi-annual Gift	Monthly Gift
<input type="checkbox"/>	Gold	\$ 250.00	\$ 125.00	\$20.84
<input type="checkbox"/>	Pearl	\$ 500.00	\$ 250.00	\$41.67
<input type="checkbox"/>	Ruby	\$ 1,000.00	\$ 500.00	\$83.34
<input type="checkbox"/>	Emerald	\$ 1,750.00	\$ 875.00	\$145.84
<input type="checkbox"/>	Diamond	\$ 2,500.00	\$ 1,250.00	\$208.34
<input type="checkbox"/>	Platinum	\$ 5,000.00	\$ 2,500.00	\$416.67
<input type="checkbox"/>	OTHER	\$ _____		

**** Note: Bi-annual and Monthly Contributions MAY cross fiscal years. Please see a staff member for more information on how your gift will appear in the Signet Recognition.**

COMPANY MATCH GIFT INFORMATION

My gift will be matched by _____
 (company/family/foundation).
 form enclosed form will be forwarded

ACKNOWLEDGEMENT INFORMATION

Please use the following name(s) in all acknowledgements:

_____ I (we) wish to have our gift remain anonymous.

Signature(s) _____

Date _____

PLEASE MAKE CHECKS, CORPORATE MATCHES, OR OTHER GIFTS PAYABLE TO:

**PHI SIGMA KAPPA FOUNDATION
 2925 E 96TH STREET
 INDIANAPOLIS, IN 46240
 PHONE: 317-573-5420
 FAX: 317-573-5430**

Contact: Michael Carey, Michael@phisigmakappa.org

