

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:

\$ _____ **Once**
 \$ _____ **Bi-annual** (March 15 and September 15)
 \$ _____ **Reoccurring Monthly** Every month on
 1st or 20th

I authorize my gift to become effective on _____, 20____ and continue until authorization is rescinded in writing.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

	Triple T Society Membership	Annual Gift	Bi-annual Gift	Monthly Gift
<input type="checkbox"/>	Gold	\$ 250.00	\$ 125.00	\$20.83
<input type="checkbox"/>	Pearl	\$ 500.00	\$ 250.00	\$41.67
<input type="checkbox"/>	Ruby	\$ 1,000.00	\$ 500.00	\$83.33
<input type="checkbox"/>	Emerald	\$ 1,750.00	\$ 875.00	\$145.83
<input type="checkbox"/>	Diamond	\$ 2,500.00	\$ 1,250.00	\$208.33
<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.**

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

Contacts: Michael Carey, michael@phisigmakappa.org
 Ange Cahoon, ange@phisigmakappa.org

COMPANY MATCH GIFT INFORMATION

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