



I accept the invitation to "Support the Heart of Sigma Kappa" through a gift to the Sigma Kappa Foundation. I want to lead, educate and inspire Sigma Kappa members and society through educational programming and philanthropic endeavors.

I pledge and agree to contribute the sum of \$ _____ according to the following terms:

Year 1 Total: \$ _____, which is \$ _____ (mo./qtr./year)
Year 2 Total: \$ _____, which is \$ _____ (mo./qtr./year)
Year 3 Total: \$ _____, which is \$ _____ (mo./qtr./year)
Year 4 Total: \$ _____, which is \$ _____ (mo./qtr./year)
Year 5 Total: \$ _____, which is \$ _____ (mo./qtr./year)

Annual Giving Club Recognition:	
Three Pearl Club	\$1,000 (\$83.34/mo; \$250.00/qtr)
Two Pearl Club	\$ 750 (\$62.50/mo; \$187.50/qtr)
One Pearl Club	\$ 500 (\$41.67/mo; \$125.00/qtr)
Violet Club	\$ 250 (\$20.84/mo; \$ 62.50/qtr)
Circle of Friends	\$ 100 (\$ 8.34/mo; \$ 25.00/qtr)

Name _____ Initiation Chapter _____

Address _____ City _____ State _____ ZIP _____

(_____) _____
Telephone Number (home/office/cell) _____ E-Mail _____

Payment:

Please begin my installments on the 1st or 15th of _____ date until the completion of my gift.

Credit Card:

American Express MasterCard VISA

_____/_____
Credit Card Number _____ Expiration* _____ Security Code (3-4 digits)

**Please notify the Sigma Kappa Foundation when you receive a replacement card.*

Electronic Funds Transfer (EFT):

I would like my gift to be withdrawn in installments through Sigma Kappa Foundation's electronic funds transfer program. I am attaching my voided check.

Check:

I prefer to pay by check (payable to Sigma Kappa Foundation)
Please send me a reminder Monthly Quarterly Annually in _____ month.

Special Notes:

My initial gift is made in Celebration Honor Memory of _____
Please notify _____

Name _____ Address _____ City _____ State _____ ZIP _____

Confirmation:

Signature _____ Date _____

Your tax-deductible gifts are greatly appreciated! Please return your form to:

Sigma Kappa Foundation
8733 Founders Road
Indianapolis, IN 46268
FAX: (317) 872-0716
donorservices@sigmakappa.org

For Office Use:
ID#: _____
 No Monthly Receipt