



Automatic Recurring Billing Form

I support the mission of Sigma Kappa Foundation to lead, educate and inspire Sigma Kappa members and society through educational programming and philanthropic endeavors.

Donor Name

Initiation Chapter (if applicable)

Mailing Address

City

State

Zip

(_____) _____
Telephone Number

E-mail

Payment Method:

Credit or Debit Card

American Express MasterCard VISA

Account #: _____ - _____ - _____ - _____

_____/_____
Expiration

Security Code

Signature

Date

**Please notify us when you receive a new card.*

Bank Account

Checking Account Savings Account

Routing #: _____

Account #: _____

Special Notes: My initial gift is made in Celebration Honor Memory of: _____

Please notify: _____

Confirmation: _____

Signature

Date

*Thank you for investing in future leaders, education and our commitment to Making Alzheimer's disease a Distant Memory.
Sigma Kappa Foundation is a 501(c)(3) non-profit organization and gifts are tax-deductible to the full extent of the law.*

All donors using automatic recurring billing to fulfill a pledge will receive a year-end tax receipt from the Sigma Kappa Foundation, except for gifts not designated to the pledge, which will be issued an individual gift tax receipt within 2 weeks of being processed.

In order to protect your financial identity, please refrain from transmitting credit card, debit card or bank account information via email.
Please remit to: Sigma Kappa Foundation, attn: donor services coordinator, 8733 Founders Road, Indianapolis, IN 46268

National Headquarters

8733 Founders Road • Indianapolis, Indiana 46268

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www.sigmakappafoundation.org