

SIGMA KAPPA FOUNDATION

Endowed & Restricted Fund Pledge 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

I pledge and agree to contribute the sum of \$ _____ to the following restricted fund: _____

according to the following terms: \$ _____ Monthly Quarterly Annually

Begin my installments on the 1st or 15th of _____ through the completion of my gift or until notified to stop.

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 #: _____

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