

SIGMA KAPPA FOUNDATION

Joan Reagin McNeill Society Membership Form

Joan Reagin McNeill Society members indicate their meaningful support by contributing \$25,000 in unrestricted gifts. Qualification Criteria: an outright gift of \$25,000 or more OR a signed pledge to pay \$2,500 per year for 10 years.

Your support of the Sigma Kappa Foundation through the Joan Reagin McNeill Society provides scholarships for alumnae and collegians; educational and leadership programming for the Sorority, and much more.

? I accept the Board of Trustees' invitation to become a member of the Joan Reagin McNeill Society.

? I understand my past unrestricted gifts totaling \$_____ will count toward my Joan Reagin McNeill Society commitment of \$25,000 payable at not less than \$2,500 per year for 10 years.

Donor Name

Initiation Chapter (if applicable)

Mailing Address

City

State

Zip

(_____) _____
Telephone Number

E-mail

I pledge and agree to contribute the sum of \$_____. Please bill me: 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:

Initial Gift ? Enclosed is my initial unrestricted gift of \$_____

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 your generous commitment to Sigma Kappa!

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