I accept the invitation to "Support the Heart of Sigma Kappa" through a multi-year pledge. 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 $_____ (monthly/quarterly/annually)
Year 2 Total: $_____, which is $_____ (monthly/quarterly/annually)
Year 3 Total: $_____, which is $_____ (monthly/quarterly/annually)
Year 4 Total: $_____, which is $_____ (monthly/quarterly/annually)
Year 5 Total: $_____, which is $_____ (monthly/quarterly/annually)

Name _____ Initiation Chapter _____

Address _____ City _____ State _____ ZIP _____

(_____)_____
Telephone Number E-Mail

Payment: Please begin my installments on the: ☐ 1st or ☐ 15th of _____ until pledge completion.
First Installment Month

Note: we will try to notify you before the first payment on your new pledge is withdrawn/charged if it is more than one month out.

Payment Options:

Credit Card:
☐ American Express ☐ MasterCard ☐ VISA

__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __ ____ /____ __ __ __ __
Credit Card Number Expiration Security Code

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☐ I would like my gift to be withdrawn in installments through Sigma Kappa Foundation's electronic funds transfer program.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

Special Notes: My initial payment is in ☐ Celebration ☐ Honor ☐ Memory of: _____

Please notify: _____
Full Name Address City State Zip

Confirmation: _____ _____
Signature Date

Your tax-deductible gifts are greatly appreciated!
Sigma Kappa Foundation
8733 Founders Road
Indianapolis, IN 46268

For Office Use:
__ __ __ __ __ __
iMIS ID #

No Monthly Receipt

Updated August 2011