

# SIGMA KAPPA FOUNDATION

## Unrestricted Annual Giving 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 \$ \_\_\_\_\_  
 according to the following terms:

- \$ \_\_\_\_\_  Monthly  
 Quarterly  
 Annually

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

Begin my installments on the  1st or  15<sup>th</sup> 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