Stay connected with FIJI!





DUES AND GIFTS FORM FOR THE CORNELL ASSOCIATION OF PHI GAMMA DELTA

GIVING LEVELS			CHAI	RGE YOUR GIFT: 🗖 Vi	sa □ MC □ Discover □ Amex
☐ Junior (out of college five years or	· less)	¢40	Card # Amount \$ Exp. date Amount \$ Print Name Signature		
\square Senior (out of college six years o	r more)				
☐ Sustaining member		\$100			
☐ Oaks Leader (\$250–\$499)					
\square Purple Pilgrim (\$500 and above)					
☐ Other (any amount other than the	ose suggested above)	\$		2011	
Total amount enclosed			Phi Garuna Data		
Please make check payable to "Cor	nell Association of Phi Gam	ma Delta."		ibutions are not deductib e tax purposes.	le as charitable donations for federal 232-W
Name					
Nickname	Init. year _		Grad. year	Cell phone # _	
Home address					\square preferred
Home phone #		_ Home er	nail address		
Business title			Company nam	e	
Business address					
City					
Work phone #					
Date filled out:		_			

SHARE YOUR NEWS FOR THE NEXT ISSUE OF THE KAPPA NUS:

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GROUP NAME AT SCHOOL

Name				
Nickname	Init. year _	Grad. ye	ar Cell phone #	
Home address	<u> </u>	<u> </u>		🗖 preferred
City	State	Zip	Country	
Home phone #		_ Home email addre	ess	
Business title		Compan	y name	
Business address				🗖 preferred
City	State	Zip	Country	
Work phone #		_ Work email addres	ss	
Date filled out:				

SHARE YOUR NEWS FOR THE NEXT ISSUE OF NEWSLETTER NAME:

	wart Howe Integrated Membersh schedule of donations and method	ip Services to deduct payments from my credit card, made payable to Corporation ds listed below.
Name (please print)		Credit card type: ☐ Visa ☐ MC ☐ Disc. ☐ AmEx
Card number		Expiration date
Phone #	(□H □W □C)	Email address(\square H \square W)
1. CHOOSE ONE:	☐ Bill my payment of \$	 annually to my credit card for as long as authorized below.
	☐ Bill my payment of \$	semiannually to my credit card for as long as authorized below.
AND		 quarterly to my credit card for as long as authorized below.
		monthly to my credit card for as long as authorized below.
2. CHOOSE ONE:	☐ This authorization is valid u	ntil this date:
		ntil my card's expiration date or until I provide you with written cancellation.
Donor's signature		Date
R E C U F	RRING CREDIT	CARD AUTHORIZATION FORM
	wart Howe Integrated Membersh schedule of donations and method	ip Services to deduct payments from my credit card, made payable to Corporation ds listed below.
		Credit card type: ☐ Visa ☐ MC ☐ Disc. ☐ AmEx Expiration date
Phone #	(□ H □ W □ C)	Email address(\square H \square W)
☐ Bill my payment of \$_	annually/semiannu	ally/quarterly/monthly to my credit card for as long as authorized below.
CHOOSE ONE:	☐ This authorization is valid u	ntil this date:
		ntil my card's expiration date or until I provide you with written cancellation.
Donor's signature		Date
		card's expiration date accommodates the recurring payments you'd like to make.

When you sign up for recurring payments, your credit card will be charged now, and then at the chosen interval, based on the date of the first transaction.

..... RECURRING CREDIT CARD AUTHORIZATION FORM