



Yes, I want to support Chi Phi!

tax id: 58-6035103

Name: _____ Graduation Year: _____

Address: _____ Home Work

City: _____ State: _____ Zip Code: _____

Phone: _____ Home Work Cell

E-mail: _____

STEP 1: Pick the option you like best to support Chi Phi. It all counts!

Make a One-Year Pledge / Gift to the
Chi Phi Annual Fund

<input type="checkbox"/>	\$5,000	Gladfelter Circle with Distinction
<input type="checkbox"/>	\$2,000	Gladfelter Circle
<input type="checkbox"/>	\$1,000	Chairman's Circle
<input type="checkbox"/>	\$500	Scarlet Circle
<input type="checkbox"/>	\$250	Blue Circle
<input type="checkbox"/>	\$100	Loyalty Circle
<input type="checkbox"/>	\$25 & up	Men of 1824 (based on age)
<input type="checkbox"/>	Other:	

STEP 2: Tell us a few details.

Please bill me over the next 12 months as follows	I wish to make my first payment:	I would like to designate all or a portion of my gift as follows:
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- One - Time
- Semi - Annually
- Quarterly
- Monthly

- Now
- On:

STEP 3: Tell us how you prefer to pay.

I wish to pay by:

<input type="checkbox"/> Check – made payable to " Chi Phi Educational Trust "	<input type="checkbox"/> Stock – send me stock transfer instructions
<input type="checkbox"/> Debit my bank account on the _____ day of the month on a recurring basis based on the schedule I indicated above.	<input type="checkbox"/> Charge my credit card on the _____ day of the month on a recurring basis based on the schedule I indicated above.
Name on Account:	Card Number:
Routing Number:	Name on Card:
Account Number:	Exp. Date: Billing Zip Code:

Return this form to:
Chi Phi Campaign Office
PO Box 2187
Columbus, GA 31902

make a gift online at
www.chiphicampaign.com/donate

Signature _____