



PI KAPPA PHI
FOUNDATION

RECURRING ACH DONATIONS

The Pi Kappa Phi Foundation appreciates your planned donations to further its important mission. In that regard, please complete the requested information below.

BASIC INFORMATION

Name: _____

Chapter: _____

Email: _____

Phone: _____

RECURRING DRAFT INFORMATION

ABA (9-digit bank routing number): _____

Bank Account Number: _____

Pi Kappa Phi Foundation Campaign to Benefit from Gift: _____

Recurrence (check one): Monthly Quarterly Biannually Annually

Quarterly recurring drafts will occur in January, April, July, and October.

Biannually recurring drafts will occur in January and June.

Annual recurring drafts will occur in June.

Day to Draft (check one): 1st 15th

If the 1st or 15th falls on a holiday or weekend, the following business day will be drafted.

Amount to Draft: \$ _____

By signing below, I hereby authorize the Pi Kappa Phi Foundation to make drafts in the amount of \$ _____ on the _____ of the month from the bank account listed above. If I wish to stop the recurring draft, it is my responsibility to contact the Pi Kappa Phi Foundation.

Signature: _____

Date: _____

Please contact Carrie Clifford, director of advancement services, at cclifford@pikapp.org or (980) 318-5367 with questions.