



PI KAPPA PHI FOUNDATION

RECURRING CREDIT CARD 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

Name on Card: _____

Type of Credit Card (check one): Visa MasterCard American Express

Credit Card Number: _____

Expiration Date: _____ Security code: _____

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 credit card 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.