

PHI DELTA THETA | NEW YORK ALPHA 2020–2021 DONATION REPLY FORM

First Name _____
Last Name _____ Suffix _____
Address _____
City _____ State _____ Zip _____
Country _____

Preferred Name _____
Graduation Year _____ Initiation Year _____

Preferred Email _____
Preferred Phone _____
Employer _____
Position _____

- I am interested in being a volunteer
 Please contact me about leaving a legacy gift (estate, life insurance, will, etc.)

MY GIFT

Enclosed is my gift of \$ _____
 \$50 Annual Dues
 \$100 Restoration and Maintenance Support
 \$250 Special Project Leadership
 \$500 Building Fund
 \$1,000 New York Alpha Association
 \$ Other

Make check payable to "New York Alpha of Phi Delta Theta."

**GIVE SECURELY ONLINE AT
PHIDELTATHETACORNELL.ORG**



GIVE BY CREDIT CARD

Visa Mastercard Discover American Express

Card# _____

Exp. date _____ CVV _____ Amount: \$ _____

Signature _____

I would like to set this gift up as a recurring donation on my credit card

Monthly Quarterly Semi-Annually Annually

Contributions are not deductible as charitable donations for federal income tax purposes.

MY NEWS & UPDATES

We want to know what is new with you! Please share with us any updated information as well as any news!

Updated email _____

Updated phone _____

Updated mailing address _____

City _____ State _____ Zip _____ Country _____

Updated employer _____ Updated position _____

My news (personal, professional, family, etc.) _____

