



**Legends of Chi Phi  
The Campaign for Eta  
Campaign Pledge Form (782 - 176)**

**Yes, I want to support the campaign for Chi Phi.**

**Individual Information:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Pledge Terms:**

Total Pledge Amount: \_\_\_\_\_

Pledge Duration (circle one): 1 2 3 4 5 years

Pledge Start Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Please Bill Me (circle one): Annually Semi-Annually Quarterly Monthly

Amount Enclosed: \_\_\_\_\_

Check made payable to OmegaFi

Debit my bank account

Charge my credit card

American Express  Discover  Master Card  Visa

**Credit Card Information:**

Card Number: \_\_\_\_\_

Name On Card: \_\_\_\_\_

Billing Zip: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Check Information:**

Name On Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Recurring Payment:**

Would you like to make this a recurring payment? Yes No

Process on the \_\_\_\_ day of the month according to the pledge payment schedule indicated above.

**Please mail the completed form to:**

Legends of Chi Phi (782 - 176)

OmegaFi

P.O. Box 2187

Columbus, GA 31902