



**Campaign for Delta Chi**  
*A Cornerstone for Brotherhood  
 on Campus*

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**Campaign Pledge Form (1496 - 217)**

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

**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:**

Campaign for Delta Chi (1496 - 217)  
 OmegaFi  
 P.O. Box 2187  
 Columbus, GA 31902