



2018-2019 Annual Campaign

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Campaign Pledge Form (1478 - 1664)

Yes, I want to support the campaign for Delta Sigma 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 6 7 8 9 10 11 12 months

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:

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OmegaFi

P.O. Box 2187

Columbus, GA 31902