



2019
Indiana Epsilon
Annual Fund

2019 Indiana Epsilon Annual Fund

Campaign Pledge Form (5291 - 1742)

Yes, I want to support the campaign for Phi Delta Theta.

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:

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:

2019 Indiana Epsilon Annual Fund (5291 - 1742)
OmegaFi
P.O. Box 2187
Columbus, GA 31902

Check Information:

Name On Account:
Routing Number:
Account Number:
Phone Number:
Signature: