



Foundation Gift Reply Form

[2563-W]

Name _____

Graduation Year _____

Address _____

City _____

State _____ Zip _____ (h) (w)

Country _____

Phone # _____ (c) (h) (w)

Email address _____ (h) (w)

Business title _____ Company name _____

MU CHAPTER OF SIGMA PI EDUCATIONAL FOUNDATION

I would like to make a one-time donation in the amount of \$ _____.

Check payable to "Sigma Pi Educational Foundation."

I would like to make annual, recurring donations in the amount of \$ _____ per year. I authorize Mu Chapter of Sigma Pi Fraternity to deduct payments from my credit card on an annual basis according to the methods and authorization period listed below. My credit card will be charged now, and then annually, based on the date of the first transaction.

AUTHORIZATION PERIOD: (fill out your credit card details below)

This authorization is valid until this date (not later than card's exp. date): _____

This authorization is valid until my card's expiration or until I provide you with written cancellation.

Donor's signature _____ Date _____

I would like this gift to be designated for the COVID-19 assistance project.

I would like to designate _____% of my gift to College Mentors for Kids.

PAY BY CREDIT CARD: Visa MC AmEx Disc.

Card # _____

Exp. date _____ Amount \$ _____

Signature _____

Donations to the Educational Foundation are tax deductible. Mu Chapter, Sigma Pi Educational Foundation tax ID #14-1902549

Fill out and return this form to:

Morgan Stanley
1290 Avenue of the Americas
13th Floor
New York, NY 10104
Attention: Burt Hilton