

THE SECOND CENTURY PLEDGE AGREEMENT

Donor Name(s): _____
Address: _____
Phone: _____ Email: _____
Arkansas Alpha Initiation Year, if applicabe: _____ Maiden Name: _____

Please accept my pledge of \$ _____ to *The Second Century Campaign - Angels of the Crest*

Signature _____ Date _____

Though we would appreciate gifts to be paid in full at the time of your pledge, pledges of \$1,000 or more may be paid out as outlined below. Please indicate your payment plan:

Full payment of my pledge of \$ _____
____ is enclosed by check
____ should be charged to my credit card (a 2% processing fee will be applied)
____ will be submitted within 30 days

My pledge will be paid in five (5) installments. My first installment (at least 20%) of \$ _____
____ is enclosed by check
____ should be charged to my credit card (a 2% processing fee will be applied)
____ will be submitted within 30 days

Please bill me for the balance in four (4) equal installments to be paid in full.

____ My pledge will be paid in equal installments by monthly drafts to my credit or debit card (a 2% processing fee will apply).
The first draft should begin on _____ and will continue monthly until paid in full.

____ Check here if your employer will make a matching gift.

If paying by credit or debit card, please include the following information:

Visa MasterCard Discover Amex

Name _____

Card Number _____ Expiration Date _____ Security Code _____

Billing Address _____

Total Amount To Be Charged Including 2% Processing Fee \$ _____

Signature _____ Date _____

I would like to designate my gift:

In Memory of _____

In Honor of _____

Please send an acknowledgement of my gift to:

Name _____

Address _____

Please Return Your Pledge Agreement And Payment To:
Pi Beta Phi - The Second Century Campaign
c/o: Misty McIlroy Hawkins, Co-Chair
5240 Edgewood Road | Little Rock, Arkansas 72207

Questions? Please contact Misty at 501-666-7474 or mhawkins@aristotle.net. Visit ArkansasPiPhi.com