



Jackson's Men



Payment Scale		
\$1000	\$28.00 per month	For 36 months
	\$41.67 per month	For 36 months
\$1500	\$31.25 per month	For 48 months
	\$55.55 per month	For 36 months
\$2000	\$41.67 per month	For 48 months
	\$69.45 per month	For 36 months
\$2500	\$52.09 per month	For 48 months
	\$41.67 per month	For 60 months

I agree to contribute the sum of \$_____ to the Kappa Sigma Endowment Fund for the Jackson's Men Program. I expect to make

- Annual
- Semi-annual
- Quarterly
- Monthly

Contributions of \$_____ beginning on the date, _____ and continuing for a period of 36 / 48 / 60 months.

I hereby authorize the Kappa Sigma Endowment Fund to collect these funds per the following:

Payment Method

Credit Card

- < > Visa
- < > Mastercard
- < > American Express
- < > Discover

Card Number

Exp

V-Code

Checking Account

Routing Number

Account Number

Financial Institution

Billing Information

Name (As it appears on card)

Address

City

State

Zip

Phone

X _____

Signature

Shipping Information

Name (On Certificate)

Address

City

State

Zip

Chapter and School

Date

PO Box 5643 . Charlottesville, Virginia 22905
 Fax: (434) 296-5733 . Phone: (434) 979-5733

Kappa Sigma
 Endowment Fund