



# Jackson's Men



Payment Scale		
<b>\$1000</b>	\$28.00 per month	For 36 months
	\$41.67 per month	For 36 months
<b>\$1500</b>	\$31.25 per month	For 48 months
	\$55.55 per month	For 36 months
<b>\$2000</b>	\$41.67 per month	For 48 months
	\$69.45 per month	For 36 months
<b>\$2500</b>	\$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