

## CONTACT INFORMATION UPDATE

Date \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Email

### Giving Opportunities (Current Gift/Pledge Structure)

\_\_\_\_\_ Alumni Dues (Amount of Pledge \_\_\_\_\_)

\_\_\_\_\_ Jackson's Men (\_\_\_\_\_ Monthly Pledge over \_\_\_\_\_ Months)

\_\_\_\_\_ Renaissance Campaign (\_\_\_\_\_ Monthly Pledge over \_\_\_\_\_ Months)

\_\_\_\_\_ At this time, I wish to cancel my Pledge. Upon cancellation, I will return all pins &/or incentive gifts associated with my Pledge.

My signature, indicated below, hereby authorizes the Kappa Sigma Endowment fund to initiate monthly debit/credit charges as indicated above.

#### Credit/Debit Card Update

#### Checking Account Update

Card Type:

- ( ) MasterCard                      ( ) Visa  
( ) American Express              ( ) Discover Expiration Date

\_\_\_\_\_  
Credit Card No.

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Checking Acct. No.

\_\_\_\_\_  
V-Code (3 digit code on back of card)

\_\_\_\_\_  
9 Digit Routing No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

#### Important Reminder:

1. Due to processing time, your bank or credit card statement may not indicate debits to your account for 2 to 6 weeks.
2. Monthly debit will be initiated on or in close proximity to the 15<sup>th</sup> of each month; unless otherwise indicated.

**Kappa Sigma Endowment Fund is a general welfare organization having tax exempt status under the IRS Section 501(c)(3). Gifts to the Endowment Fund are tax deductible as allowed by law.**

**Fax or Mail to:  
Kappa Sigma Endowment Fund  
PO Box 5643 • Charlottesville, VA 22905-5643  
F: (434) 296-5733 • P: (434) 979-5733**