

Delta Sigma Pi Leadership Foundation
Donation Form



Date _____

Name _____

Street Address _____

City _____ State _____ Zip _____

Chapter Name _____ Member Number _____
(Not Required)

Enclosed is my contribution:

\$50 \$100 \$250 Other \$ _____

I would like to make an annual contribution totaling \$ _____.

Please charge my debit/credit card quarterly semi-annual annual

DISCOVER, MC, or VISA Card # Expiration Date Card ID # Signature

Your 3 Digit Card ID # can be found on the back of your card in the signature panel. Credit card companies are now requiring that we ask for this ID# for your added security.

I would like more information on:

Electronic Funds Transfer and payroll deductions Matching companies
 Stock gifts Living Legacy Society