



Gift Reply Form

Alumni Dues Levels

- First five years out of college \$30
- More than five years out of college \$60
- Consul's Society (\$125 or more) \$ _____

See below to sign up for auto-pay

Total amount enclosed \$ _____

Make check payable to "Sigma Chi of Cornell Alumni Association, Inc."

[246-W]

Name _____

Init. year _____

Class year _____

The above address is not correct.

New address _____

City _____ State _____ Zip _____ (h) (w)

Country _____ Phone # _____ (c) (h) (w)

Email address _____ (h) (w)

Business title _____ Company name _____

Pay by Credit Card: Visa MasterCard Disc.

Card # _____

Exp. date _____ Amount \$ _____

Signature _____

Contributions are not deductible as charitable donations for federal income tax purposes.

Sign Up For Auto-Pay

(This authorizes Sigma Chi of Cornell Alumni Association, Inc., to deduct payments from my credit card according to the schedule of donations and methods listed below.)

Bill my payment of \$ _____ **annually/semiannually/quarterly/monthly (choose one)** to my credit card for as long as authorized below.

CHOOSE ONE: This authorization is valid until this date*: _____

This authorization is valid until my card's expiration date or until I provide you with written cancellation.

Donor's signature _____ Date _____

**Please be sure your credit card does not expire before this authorization date.*

When you sign up for recurring payments, your credit card will be charged now and then at the chosen interval, based on the date of the first transaction.

Make this form with your payment to:

Sigma Chi of Cornell Alumni Association, Inc.

P.O. Box 876

Ithaca, NY 14851-0876