



YES! I want to support Phi Theta Kappa by joining an Annual Giving Society!

Please accept this gift of \$ _____

Your gift will be recognized in Visionary, Phi Theta Kappa Foundation's annual publication.

Name:(as it will appear for recognition in publications)_____

Home Address:_____

City/State/Zip:_____

Cell Phone: _____ Preferred

Home Phone: _____ Preferred

Work Phone: _____ Preferred

Employer:_____

Job Title:_____

Work Address:_____

City/State/Zip:_____

Yes, I'd like to be kept up-to-date on Phi Theta Kappa news.

E-mail:_____

This gift is in honor/memory of _____ (Staff will contact you for details)

My gift will be matched by my employer/my spouse's employer.

Employer:_____

Check enclosed, please make checks payable to **The Phi Theta Kappa Foundation**

Mastercard Visa Discover American Express

Card Number:_____

Amount: \$ _____ Expiration Date:_____

Name on Card: (print)_____

Signature:_____

This gift is anonymous

Please check where appropriate:

I have included Phi Theta Kappa Foundation in my will.

I would like information about planned giving and join the Athena Society.

I would like information about starting an endowment and join the Oak Leaf Society.

I would like information about The Alpha Courtyard bricks and pavers.

I would like information about joining or chartering an alumni association.

Mail your completed form to: Phi Theta Kappa Foundation, 1625 Eastover Drive, Jackson, MS 39211