



PHI THETA KAPPA FOUNDATION

YES! I want to support Phi Theta Kappa

Please accept this gift of \$ _____

Name(s): _____

Home Address: _____

City/State/Zip: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

E-mail: _____

Employer: _____

Job Title: _____

Work Address: _____

City/State/Zip: _____

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

Let us know if we can help you - foundation@ptk.org or 601-984-3577