



PI KAPPA ALPHA FOUNDATION

Raising Funds to Educate and Empower Principled Leaders

Georgia Pikes Educational Fund

Georgia Pikes Alpha Mu Alumni Association established the Georgia Pikes Educational Endowment Fund to provide annual funding dedicated to our Alpha Mu chapter for educational purposes such as

UGA Scholarships ♦ Leadership Programs ♦ Pike University

Please support Alpha Mu with a tax deductible charitable contribution to Pi Kappa Alpha Foundation and double it with an eligible employer gift match. Consider joining us with a \$145 or \$360 annual gift to grow the endowment. We need you!

For more information, contact us at annualfund@georgiapikes.com, and we will add your gifts to the Alumni Giving Record maintained by Georgia Pikes. Remember, you can also still make your annual membership gift online at georgiapikes.com/give to support our operational budget.

Mail Signed Pledge Forms and Checks to: Pi Kappa Alpha Foundation,
Attn: Georgia Pikes Educational Fund, 8347 West Range Cove, Memphis, TN 38125

Yes! I would like to support our chapter with my 5 year pledge:

- | | |
|--|--|
| <input type="checkbox"/> \$145/yr or \$12.09/mo - \$725 total | <input type="checkbox"/> \$1,000/yr or \$83.34/mo - \$5,000 total |
| <input type="checkbox"/> \$360/yr or \$30/mo - \$1,800 total | <input type="checkbox"/> \$2,500/yr or \$208.34/mo - \$12,500 total |
| <input type="checkbox"/> \$500/yr or \$41.67/mo - \$2,500 total | <input type="checkbox"/> _____(other amount/duration) |

I will pay by check (attached)

Checks payable to: "Pi Kappa Alpha Foundation" & memo: "Georgia Pikes Educational Fund"

I will donate online at www.pikes.org/GeorgiaPikes

Select "Pledge Over Time" & amount. Enter Fund name: "Georgia Pikes Educational Fund"

Please bill me by credit card

- | | | | |
|-----------------------------------|----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> One time | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly | <input type="checkbox"/> Annually |
|-----------------------------------|----------------------------------|------------------------------------|-----------------------------------|

***Recurring payments will be assessed on the same day each month, please keep that in mind as you determine your payment schedule.*

I wish to make my first payment:

(Month/Day/Year)

Please charge my credit card for
this gift:

o Card Number: _____

o Name on card: _____

o Exp. Date: _____ Security Code: _____

o Billing zip code: _____

Please take a minute to update your contact information for the Fraternity:

Name: _____

Initiate Year: _____

Primary Address: _____

Cell Phone: _____

Work Phone: _____

City: _____ State: _____

Zip: _____

Primary Email: _____

Signature: _____

Date: _____