

Name:		Email:
Address:		
		State: Zip:
Plea year	ase complete	the appropriate section based on whether you would like to make gifts throughout the lit card or Electronic Funds Transfer from a checking account. The minimum monthly
		CREDIT CARD
		I wish to make a credit card gift of \$
] monthly	□ quarterly □ semiannually
		Please charge my:
	VISA	MasterCard American Express Discover
Account Number		Exp Date:
Signatu	re:	Date:
orgnatur		Date:
		ELECTRONIC FUNDS TRANSFER
I,		, authorize Alpha Xi Delta Foundation to charge my banking account listed
below st	arting on	(insert date here) for the amount of \$ for for
(insert pu	ırpose here).	his transaction should recur each (month, quarter, year) until
		My account information is as follows:
Name as statemen	it appears or .t.	the bank
Bank		Bank account type: Checking Savings Business
name:		Checking
	A Routing	Bank account
Number:		number:
		tion is valid and to remain in effect unless I,, notify Alpha Xi Del ending written notice to Alpha Xi Delta Foundation, 8702 Founders Rd, Indianapolis, IN 46268. Notice may also be emailed to klewis@alphaxidelta.org.
Donor Na Printed:	ame	
Donor Signature	e:	Date:
	🗆 Yearly – N	eceive notification of donations: otification will be sent out in January for all donations in the previous calendar year. e donation is made - A notification will be sent out each time your gift is processed.

Preferred day of month to process gift:
□ 15th □ Last day of month

Please return form to Alpha Xi Delta Foundation at foundation@alphaxidelta.org or by mail.