

Stay connected with ΔKE!



DELTA KAPPA EPSILON AT CORNELL

DUES RESPONSE FOR THE DELTA CHI ASSOCIATION, INC.

I ENCLOSE MY TAX-DEDUCTIBLE DUES FOR MEMBERSHIP:

- First five years out of college \$30
- More than five years out of college \$75
- Delta Chi Society \$250
- Clifton Beckwith Brown Circle \$750
- Graduated 50 or more years ago \$30
- I remain committed to ΔKE, sign me up for recurring dues. (see other side)

Contributions and matching program donations by members are always welcome.

Total amount enclosed \$ _____

Make check payable to "Delta Chi Association, Inc."

CHARGE YOUR GIFT: Visa MasterCard Discover

Card # _____

Exp. date _____ Amount \$ _____

Print Name _____

Signature _____

The Delta Chi Association, Inc. is recognized by the IRS as a 501(c)(3) tax-exempt organization (EIN: 06-1444571). All dues/donations are tax-deductible and eligible for corporate matching-gift programs. You might have already contributed to our annual appeal, but any additional contributions are greatly appreciated. 213-W

Name _____

Nickname _____ Init. year _____ Grad. year _____ Cell phone # _____

Home address _____ preferred

City _____ State _____ Zip _____ Country _____

Home phone # _____ Home email address _____

Business title _____ Company name _____

Business address _____ preferred

City _____ State _____ Zip _____ Country _____

Work phone # _____ Work email address _____

Date filled out: _____

WE WOULD LOVE TO HEAR FROM YOU. PLEASE UPDATE YOUR INFORMATION AND SHARE YOUR NEWS FOR PUBLICATION IN THE NEXT ISSUE OF *THE DELTA CHI DEKE*:

VISIT OUR WEBSITE AT DKE-CORNELL.ORG TO SHARE YOUR NEWS, UPDATE YOUR INFORMATION, AND MAKE GIFTS ONLINE.

Please return this entire form to Alumni Records Office, The Delta Chi Association, Inc., P.O. Box 876, Ithaca, NY 14851-0876.

..... RECURRING CREDIT CARD AUTHORIZATION FORM

This form authorizes The Delta Chi Association, Inc., to deduct payments from my credit card, made payable to The Delta Chi Association, Inc., according to the schedule of donations and methods listed below.

Name (please print) _____ Credit card type: Visa MC Disc.
Card number _____ Expiration date _____
Phone # _____ (H W C) Email address _____ (H W)

1. CHOOSE ONE: Bill my payment of \$ _____ **annually** to my credit card for as long as authorized below.
 Bill my payment of \$ _____ **semiannually** to my credit card for as long as authorized below.

AND

2. 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 name is printed above, and that your credit card's expiration date accommodates the recurring payments you'd like to make.
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.*