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D E L T A P H I A T C O R N E L L

GIFT & DUES RESPONSE FOR THE CORNELL DELTA PHI ASSOCIATION

ANNUAL ALUMNI DUES

- First three years out of college and/or graduate students \$45
 More than three years out of college \$75
 Llenroc Society (\$200-\$499) \$
 Centennial Society (\$500-\$999) \$
 Leadership Circle (\$1,000 or more) \$
 Other (any amount other than those suggested above) \$
Total amount enclosed \$

Make check payable to "Cornell Delta Phi Association."

See reverse to pay your dues automatically.

CHARGE YOUR GIFT: Visa MC Disc. AmEx

Card # _____

Exp. date _____ Amount \$ _____

Print Name _____

Signature _____

Contributions are not deductible as charitable donations for federal income tax purposes. You may have already contributed to our annual appeal, but any additional contributions are greatly appreciated.

Check here if you're interested in serving as a class contact. 214-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: _____

SHARE YOUR NEWS FOR THE NEXT ISSUE OF THE *LLENROC LEAFLET*:

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

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

..... RECURRING CREDIT CARD AUTHORIZATION FORM

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

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

- Bill my payment of \$ _____ **annually** to my credit card for as long as authorized below.
- I would like to add a supplemental donation of \$ _____ to my annual dues payment to support the work of Cornell Delta Phi Association's board.

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.*