



# Maryland Alpha Chapter House Campaign

## PDT MD Annual (HC)

### Campaign Pledge Form (5321 - 1840)

**Yes, I want to support the campaign for Phi Delta Theta.**

**Individual Information:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Pledge Terms:**

Total Pledge Amount: \_\_\_\_\_

Pledge Duration (circle one): 1 2 3 4 5 6 7 8 9 10 11 12 months

Pledge Start Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Please Bill Me (circle one): Annually Semi-Annually Quarterly Monthly

Amount Enclosed: \_\_\_\_\_

Check made payable to OmegaFi

Debit my bank account

Charge my credit card

American Express  Discover  Master Card  Visa

**Credit Card Information:**

Card Number: \_\_\_\_\_

Name On Card: \_\_\_\_\_

Billing Zip: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Check Information:**

Name On Account: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

**Recurring Payment:**

Would you like to make this a recurring payment? Yes No

Process on the \_\_\_\_ day of the month according to the pledge payment schedule indicated above.

**Please mail the completed form to:**

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OmegaFi

P.O. Box 2187

Columbus, GA 31902