

**PSI UPSILON FOUNDATION  
ANNUAL FUND RECURRING GIFT FORM**

To donate to the Psi Upsilon Annual Fund by making a recurring gift or pledge, please complete this form.

**DONOR INFORMATION**

Name:

Chapter & Class Year:

Address:

City:

State/Province:

Zip/Postal Code:

Email:

**GIFT INFORMATION**

I pledge \$ \_\_\_\_\_ to the Psi Upsilon Annual Fund.

Please charge \$ \_\_\_\_\_ to my credit card for \_\_\_\_\_ months, beginning \_\_\_\_\_.

**CREDIT CARD INFORMATION**

Card Type:    American Express    Discover    MasterCard    Visa

Name as it appears on card:

Credit Card Number:

Expiration Date:

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

**Please print and sign this form, then mail or fax it to:**

Psi Upsilon Foundation  
3003 East 96<sup>th</sup> Street  
Indianapolis, IN 46240  
Fax: 317-844-5170