



# Stay connected with Phi Kappa Psi!

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or . . . **Share Your News and Updates Below**

## *Gift & dues response for the New York Alpha of Phi Kappa Psi Association Inc.*

- First five years out of college ..... \$35
- More than five years out of college ..... \$55
- John Milton McNair 1870 Circle (with special recognition) ..... \$100
- Other (any amount other than those suggested above) ..... \$ \_\_\_\_\_
- Total amount enclosed** ..... \$ \_\_\_\_\_

Please make check payable to *New York Alpha of Phi Kappa Psi Association, Inc.*

**CHARGE YOUR GIFT:**  Visa  MC  Disc.

Card # \_\_\_\_\_

Exp. date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ 234-W

*Contributions are not deductible as charitable donations for federal income tax purposes.*

**SEE REVERSE SIDE TO MAKE A RECURRING GIFT ⇒**

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 NYAlphan:*

Who was your little brother/big brother or pledge son/pledge father? \_\_\_\_\_

Are you a veteran? If so, what rank, branch and dates? \_\_\_\_\_

What room did you occupy at either Old 312 or 525 Stewart Avenue? \_\_\_\_\_

Please return this entire form to Alumni Records Office, New York Alpha of Phi Kappa Psi, P.O. Box 876, Ithaca, NY 14851-0876.

# Sign Up for Auto-Pay

*(This authorizes the New York Alpha of Phi Kappa Psi Association Inc. to deduct payments from my credit card, made payable to New York Alpha of Phi Kappa Psi Association Inc. according to the schedule of donations and methods listed below.)*

Bill my payment of \$\_\_\_\_\_ annually to my credit card for as long as authorized below.

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 credit card does not expire before this authorization date.*

*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.*