



Electronic Funds Transfer Enrollment Form

As an Alpha Delta Pi member, you can share in the Foundation's commitment to provide resources for educational, leadership, and philanthropic opportunities for sisters internationally. When you participate in the Electronic Funds Transfer (EFT) program, your gift will be conveniently transferred from your checking or credit card account directly to the Alpha Delta Pi Foundation. Thank you for your gift!

Name _____ Maiden Name (if applicable) _____

Chapter _____ School _____

Billing/Statement Address _____

City _____ State _____ Zip _____

Email address _____

Phone # _____ home mobile work

I would like to make a monthly quarterly annual gift of \$ _____

I would like my gift deducted on the 5th or 20th of the month.

If applicable please indicate month for annual deduction or starting month for quarterly deduction: _____

Enclosed is a voided check. Please transfer monthly gifts from my checking account. I understand my future gifts will be transferred directly from my account.

OR Listed below is my credit card information. Please charge my monthly gift to my credit card. I understand my future gifts will be charged directly to my credit card.

Card # _____

Exp. _____ / _____

Your Alpha Delta Pi Foundation gifts will begin transferring at the next available processing cycle. A record of each gift will appear on your monthly bank or credit card statement. All gifts to the Alpha Delta Pi Foundation that originate as ACH transactions comply with U.S. law. You may increase, decrease, or suspend your gift at any time by contacting us at (404) 378-3164 (office), foundation@alphadeltapi.com, (404) 378-5935 (fax), or 1386 Ponce de Leon Avenue NE, Atlanta, GA 30306. Gifts to the Alpha Delta Pi Foundation are tax deductible as allowed by law.

Please send me a gift receipt by mail for each transfer. (If this box is not checked, you will help us save paper and postage. You will still receive an annual acknowledgement of your contributions for tax purposes.)

Please sign and date this form (whether enrolling by check or credit card) to ensure timely processing.

Signature _____ Date _____