

Mail completed form to:
Donations Program
c/o Dan Moon '00
229 Commonwealth Ave.
Boston, MA 02116



Mass Eta of Phi Kappa Theta Alumni, Inc.

AUTOMATIC DONATIONS CREDIT CARD AUTHORIZATION FORM

This form authorizes Stewart Howe Alumni Service to deduct payments from my credit card made payable to Mass Eta of Phi Kappa Theta Alumni, Inc. according to the schedule of donations and methods listed below.

(Please print)

DONOR'S NAME (as it appears on card): _____

PLEDGE CLASS YEAR: _____

CREDIT CARD TYPE (circle one): MasterCard VISA

CARD NUMBER

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EXPIRATION DATE

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(MM)

(YY)

DONOR'S ADDRESS: _____

DONOR'S PHONE #: _____

DONOR'S EMAIL: _____

Bill my regular [MONTHLY] donation charge of \$ _____ to the credit card listed above.

Please tell us how long you want us to bill your credit card listed above.

(check one box and fill out appropriate information)

☐ This authorization is valid from _____ until _____.
(month) (year) (month) (year)

☐ This authorization is valid until one year from the first charge to my card.

☐ This authorization is valid until my card's expiration date or until I provide you with written cancellation.

Date _____ Donor's Signature _____

Thank you for your generosity! Please contact pkt-donations@mit.edu with any questions or comments.