

745 Craig Rd. Suite 222 • St. Louis, Mo 63141 • Phone: 314-993-6888 • Fax: 314-993-8760 • txfn@thetaxi.org • thetaxi.org/foundation

## Contribution Pledge Form

Contributor Information			
Last Name:	First Name:		MI:
Street Address:	City:	State:	Zip:
Telephone Numbers Home:	Work:	Cell:	
Email Address:			
Signature:			
<b>Donation Amount</b>			
A One-Time Donation, In the Amount of:			
□\$5,000 □\$2,500 □\$1,000 □\$	500 🗆 \$100 🗆	\$50 □ Other	:: \$
OR			
A Recurring Donation, As Follows:			
A sum of \$ every: ☐Month	n □Quarter □Year		
There is no minimum contrib	ution amount for a one-t	ime donation.	
There is a \$10 monthly minimum of	ontribution amount for r	ecurring donations.	
Method of Payment			
Check enclosed, Please make checks payable to Theta	a Xi Foundation.		
OR			
Please bill my credit card:   UVISA   MasterC	ard	ess Discover	
Account Number:	Expiration Date:	Security	Code:
OR			
Please debit my Bank Account, please include a voide	ed check:   Checking	□Savings	
Financial Institution Name:			
Address:			
Routing Number:	Account Number:		-
Name Listed on the Account:			-
Matching Contributions			
Does your employer match donations?	es 🗆 No		
Please enclose a signed Matching Donation form from	n your employer if applic	able.	

## **Notes**

Contributions to the Theta Xi Foundation are deemed charitable under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3). U.S. Federal Tax ID 43-6049500. Please consult your accountant for any clarification. Payments must be received before the end of the year to be eligible for a tax deduction in that year. For more information please visit www.thetaxi.org or call (800) 993-8666 or email txfn@thetaxi.org.