

260 Peachtree St. NW Suite 900 · Atlanta, Georgia 30303 · Phone: 314-993-6294 · txfn@thetaxi.org

Contribution Form

Contributor Information	n		
Last Name:	First Name:		MI:
Street Address:			
Telephone Numbers Home:	Work:	Cell:	
Email Address:			
Signature:			
Donation Amount			
A One-Time Donation, In the Amount o □\$5,000 □ \$2,500 □ \$	of: \$1,000 □ \$500 □ \$100	□ \$50] Other: \$
OR			
A Recurring Donation, As Follows:			
A sum of \$ every:	□Month □Quarter [⊐Year	
	imum contribution amount for a		
Method of Payment			
Check enclosed, Please make checks pa	ayable to Theta Xi Foundation.		
Please bill my credit card: VISA	ПMasterCard ПAmerican	Evnress	ver.
Account Number:		•	
OR	EXPITATION DUCC	J	
Please debit my Bank Account, please i	nclude a voided check: □Checl	king □Savings	
Financial Institution Name:			
Address:	City:	State:	Zip:
Routing Number:	Account Number:		
Name Listed on the Account:			
Matching Contributions	s		
Does your employer match donations?			
Please enclose a signed Matching Dona		applicable.	

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.