

THE SECOND CENTURY CAMPAIGN PLEDGE AGREEMENT

Donor Name (s) _____

Address _____

Phone _____ Email _____

Arkansas Alpha Initiation Year, if applicable _____ Maiden Name _____

Please accept my pledge of \$ _____ to *The Second Century Campaign*.

Signature _____ Date _____



Though we would appreciate gifts to be paid in full at the time of your pledge, pledges of \$1,000 or more may be paid out as outlined below. Please indicate your payment plan:

Full payment of my pledge of \$ _____

_____ is enclosed by check

_____ should be charged to my credit card (a 2% processing fee will be applied)

_____ will be submitted within 30 days

My pledge will be paid in five (5) installments. My first installment (at least 20%) of \$ _____

_____ is enclosed by check

_____ should be charged to my credit card (a 2% processing fee will be applied)

_____ will be submitted within 30 days

Please bill me for the balance in four (4) equal installments to be paid in full by December 31, 2019.

_____ My pledge will be paid in equal installments by monthly drafts to my credit or debit card (a 2% processing fee will apply).

The first draft should begin on _____ and will continue monthly until December 31, 2019.

_____ Check here if your employer will make a matching gift.

Pi Society Level pledges (\$3,141.59) and above should be made payable to the *Pi Beta Phi Foundation* and are tax deductible. Pledges less than \$3,141.59 should be paid directly to the *Arkansas Alpha Chapter House Corporation* and will not be tax deductible.

If paying by credit or debit card, please include the following information:

Visa MasterCard Discover Amex

Name _____

Card Number _____ Expiration Date _____ Security Code _____

Billing Address _____

Total Amount To Be Charged Including 2% Processing Fee \$ _____

Signature _____ Date _____

Please return this Pledge Agreement, along with the enclosed Acknowledgment form and your Payment, to:

Pi Beta Phi - The Second Century Campaign
c/o: Misty McIlroy Hawkins, Co-Chair
5240 Edgewood Road | Little Rock, Arkansas 72207

Questions? Please contact Misty at 501-666-7474 or mhawkins@aristotle.net

ACKNOWLEDGEMENT FORM FOR NAMED ROOMS AND SPACES CHAPTER ROOM CHAIRS, DONOR PLAQUE & PAVERS

Donor Name(s) _____

Address _____

Phone _____ Email _____

Please provide your email address as this is how we will contact you with questions and to confirm the wording of your space, paver, etc.



Please indicate below how you would like your gift recognized.

___ My Legacy Gift of \$10,000 or more is naming the following:

In order to keep acknowledgements consistent in their presentation, we have developed a template for you to follow. Acknowledgments will be displayed in the form of a plaque outside or near each room/space. **All wording must be approved by the Building Committee.** Please complete the template below and a confirmation of your request will be sent to you for your approval via email.

My Room/Space is to be designated as (*for example, The Mary Campbell Gregory Library*):

You may want to include any of the following options:

Given by _____

In Honor of _____

In Memory of _____

___ My Pi Society Gift of \$3,141.59 or above should be recognized on the Major Donor Plaque as follows (*the name(s) you want listed as the donor*):

___ My gift of \$2,000 should be recognized on a Chapter Room Chair as follows:

Name (*Arkansas Alpha's only*): _____

Initiation Year: _____

All Legacy donors, Pi Society donors, Chapter Room Chair donors and donors of \$1,000 will receive a small brick paver in the Courtyard. Large pavers are available for \$1,909 (*in recognition of our Chapter's founding year*). You may upgrade from a small paver to a large paver for an additional \$909. Please complete Paver recognition on the back of this page.

___ My Courtyard Paver should be recognized as follows:

Small pavers consist of 3 lines of text with up to 20 characters on each line (*including spaces*). Large pavers consist of 6 lines of text with up to 20 characters on each line (*including spaces*).

Line 1 _____

Line 2 _____

Line 3 _____

Line 4 _____

Line 5 _____

Line 6 _____

We encourage you to include the Chapter and Initiation Year of all members of Pi Beta Phi to be listed. In addition, if anyone served as Chapter president, please include that information along with the year served. Members of all Pi Phi Chapters are welcome to be recognized, with the exception of Chapter Room Chairs which are reserved for Arkansas Alpha members only.

I would like to designate my gift:

In Memory of _____

In Honor of _____

Please send an acknowledgement of my gift to:

Name _____

Address _____

(Acknowledgements will only be sent if we are provided with a complete address.)

Please Return This Form, Your Pledge Agreement And Payment To:
Pi Beta Phi - The Second Century Campaign
c/o: Misty McIlroy Hawkins, Co-Chair
5240 Edgewood Road | Little Rock, Arkansas 72207

Questions? Please contact Misty at 501-666-7474 or mhawkins@aristotle.net

