



AGR Capital Campaign Pledge Card

I intend to contribute a total of \$_____ to the Alpha Gamma Rho New House Capital Campaign.

Please sign and date the following to show your commitment to this pledge:

Signature_____ **Date**_____

My contribution is broken down into the following methods of giving (please complete those that apply to you):

1) MONTHLY NON TAX DEDUCTIBLE DONATION

A total of \$_____ will be donated monthly via draft from my checking account beginning _____ and continuing on the first day of each month until _____. This is a non-tax deductible donation and the donation will go directly to the AGR House Association. **If you choose this option, please also complete, sign and send the below AGR Fraternity Monthly Draft Authorization Form with your Pledge Card.**

2) TAX DEDUCTIBLE DONATION

A total of \$_____ will be donated via the Education Foundation of Alpha Gamma Rho to the project.

This tax deductible donation will be made **(circle one): Monthly, Quarterly, Yearly or One-Time Donation.** My payments will begin on the following date:_____.

3) DONATION VIA IRA ACCOUNT

I am 70 1/2 years of age or older and have an IRA subject to a required minimum distribution. I plan on directing my IRA custodian to make a donation in the amount of \$_____ to Educational Foundation of Alpha Gamma Rho.

4) OTHER DONATION

I plan to donate an undetermined amount to the project during the next 5 years from one of the following sources **(circle one): gift or sale of stocks, gift or sale of land, gift or sale of livestock, or other.** I will communicate to the Steering Committee more details.

Mail This Completed Form and Any Donations To:
Brother Bernie Lester, 2150 Southern Oaks Lane, Lakeland, FL 33813.

Please complete the following:

Name (please print):_____

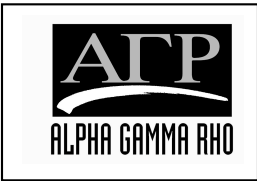
Address:_____

City:_____ State:_____ Zip:_____

Current Employer: _____

Email:_____ Phone:_____

Alpha Gamma Chapter of Alpha Gamma Rho Fraternity



Monthly Draft Authorization Form

I, _____, do hereby consent to the following contribution being deducted from the account named below via auto-draft on a monthly basis beginning _____ and continuing on the first day of each month until _____.

Signature: _____ **Date:** _____

(Please Print)

Name: _____

Address: _____

Phone Number: __ (____) _____

E-Mail Address: _____

Contribution Amount:

_____ \$50.00 per month _____ \$150.00 per month

_____ \$75.00 per month _____ \$175.00 per month

_____ \$100.00 per month _____ \$200.00 per month

_____ Other amount - \$ _____ per month

Please provide us the following or voided check:

ABA Routing Number: _____

Account Number: _____

Name of Bank: _____