



Alpha Delta Pi
Foundation

Educate
Lead
Serve

Octavia Andrew Rush Young Alumnae Giving Society Enrollment

Just 13 years old when she arrived at Wesleyan, Octavia Andrew was the youngest of our Founders. In her memory, we invite alumnae who were initiated within the last 13 years to join the Octavia Andrew Rush Society with a **commitment of \$18.51 or more per month** to the Alpha Delta Pi Foundation's unrestricted annual fund (our area of greatest need) in support of our sisters. Thank you for your gift!

Name _____ Maiden Name (if applicable) _____

Chapter _____ School _____

Billing/Statement Address _____

City _____ State _____ Zip _____

Email address _____

Phone # _____ home mobile work

I would like to make an annual gift of \$222.12 \$250 \$300 \$500 other \$ _____

Check enclosed Credit Card information below

(We will send you a reminder next year on your anniversary date to renew your gift.)

I would like to make a monthly gift of \$18.51 \$20 \$25 \$30 \$50 other \$ _____

I would like my monthly gift deducted on the 5th or 20th of each month.

Enclosed is a voided check. Please transfer monthly gifts from my checking account. I understand my future gifts will be transferred directly from my account.

OR

Listed below is my credit card information. Please charge my monthly gift to my credit card. I understand my future gifts will be charged directly to my credit card.

Card # _____

Exp. _____ / _____

Your Alpha Delta Pi Foundation gifts will begin transferring at the next available processing cycle. A record of each gift will appear on your monthly bank or credit card statement. All gifts to the Alpha Delta Pi Foundation that originate as ACH transactions comply with U.S. law. You may increase, decrease, or suspend your gift at any time by contacting us at (404) 378-3164 (office), foundation@alphadeltapi.com, (404) 378-5935 (fax), or 1386 Ponce de Leon Avenue NE, Atlanta, GA 30306. Gifts to the Alpha Delta Pi Foundation are tax deductible as allowed by law.

Please send me a monthly gift receipt by mail. *(If this box is not checked, you will help us save paper and postage. You will still receive an annual acknowledgement of your contributions for tax purposes.)*

Please sign and date this form (whether enrolling by check or credit card) to ensure timely processing.

Signature _____ Date _____