



Rho Chapter 2018-2020 Return to Vallamont Campaign

VALLAMONT FUND PLEDGE AND CONTRIBUTION FORM

YOUR INFO

v20171228.001

YOUR NAME AND CLASS YEAR:		SPOUSE NAME AND CLASS YEAR: (if applicable)	
EMAIL ADDRESS:		PHONE:	
STREET ADDRESS:			
CITY:	STATE/PROVINCE:	POSTAL CODE:	COUNTRY:

VALLAMONT FUND PLEDGE / CONTRIBUTION INFO

CONTRIBUTION REQUENCY:	
<input type="checkbox"/> ONE TIME <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> ANNUALLY	
<i>Contributions will be deposited immediately. Recurring donations will continue for 3 years unless otherwise specified. Subsequent montly contributions will be due by the 1st of each folowing month. Subsequent quarterly contributions will be due on the following Jan 1, Apr 1, Jul 1, and Oct 1. Subsequent annual contributions will be due in the month of original contribution.</i>	
AMOUNT OF EACH CONTRIBUTION:	PAYMENT FORM:
<input type="checkbox"/> CHECK (preferred) <input type="checkbox"/> WIRE TRANSFER (for amounts \$2500+)	
<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS	
<input type="checkbox"/> I authorize Rho Chapter Association to automatically electronically debit my account for this and any subsequent donations (preferred)	
OR	
<input type="checkbox"/> I will mail in a check or credit card information each time a recurring payment is due	

CREDIT CARD INFO

(IF PAYING VIA CREDIT CARD, ENTER BILLING INFORMATION)	
NAME ON CARD: _____	
CARD NUMBER: _____	
EXP DATE _____	3 OR 4 DIGIT CVV2 CODE _____
BILLING ADDRESS: _____ CITY: _____	
STATE: _____ POSTAL CODE: _____	
COUNTRY: _____ BILLING PHONE: _____	
AUTHORIZED SIGNATURE: _____	

CHECKING ACCOUNT INFO

(IF PAYING VIA CHECK AND ELECTRONIC DEBIT IS PREFERRED, ENTER INFO BELOW)	
NAME ON ACCOUNT: _____	
BANK NAME: _____	
ROUTING # _____	
ACCOUNT# _____	
AUTHORIZED SIGNATURE	

SUBMISSION INSTRUCTIONS

Please mail this completed form with either a completed paper check or the payment information completed above. Please make checks payable to "Rho Chapter Association." If a paper check is not required, you may also fax this form to (908) 852-9438. Do NOT email payment information.

Mailing address:
Rho Chapter Association
3 Noble Court, Long Valley, NJ 07853

FAX: 908-852-9438

I, the undersigned pledgor, hereby pledge and agree to pay the Rho Chapter Association the amount(s) indicated above on the schedule outlined above.

SIGNATURE

PRINT FULL NAME

DATE