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L A M B D A I O T A S O C I E T Y A T U V M

LAMBDA IOTA SOCIETY AND MINERVAN EDUCATIONAL FOUNDATION DUES AND GIFTS

ANNUAL ALUMNI DUES

Make check payable to "Lambda Iota Society" (not tax deductible)

This money funds our alumni relations program activities, like the annual meeting.

Minerva \$65

Larger gifts help us to maintain the Society's assets, including the Owls' Nest.

Trysting Tree \$113

On Springfield Mountain \$513

Wise Old Owl \$1,313

Founder (more than \$1,313) \$ _____

MINERVAN EDUCATIONAL FOUNDATION

Make check payable to "Minervan Educational Foundation" (tax deductible)

\$ _____ General Use or \$ _____ Scholarship Fund

CHARGE YOUR GIFT: Visa MC Discover

Card # _____

Exp. date _____ Amount \$ _____

Print Name _____

Signature _____

If you would like to make your gift on a recurring basis, please fill out the information on the back of this form.

GIFT IN KIND

I have stock, insurance, property, services, or goods and materials to donate. Please contact me. 904-W

Name _____

Nickname _____ Init. year _____ Grad. year _____ Cell phone # _____

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Work phone # _____ Work email address _____

Date filled out: _____

SHARE YOUR NEWS FOR THE NEXT ISSUE OF *THE MINERVAN*:

VISIT OUR WEBSITE AT WWW.LAMBDAIOTA.ORG TO SHARE YOUR NEWS, UPDATE YOUR INFORMATION, AND MAKE GIFTS ONLINE.

Please return this entire form to Alumni Records Office, Lambda Iota Society, P.O. Box 876, Ithaca, NY 14851-0876.

..... RECURRING CREDIT CARD AUTHORIZATION FORM

This form authorizes Lambda Iota Society to deduct payments from my credit card, made payable to Lambda Iota Society, according to the schedule of donations and methods listed below.

Name (*please print*) _____ Credit card type: Visa MC Disc.
Card number _____ Expiration date _____
Phone # _____ (H W C) Email address _____ (H W)

- Bill my payment of \$ _____ **annually** to my credit card for as long as authorized below.
- I would like to add a donation of \$ _____ to this annual payment to support the work of the Lambda Iota Board of Governors.
CHOOSE ONE: This authorization is valid until this date: _____.
 This authorization is valid until my card's expiration date or until I provide you with written cancellation.

Donor's signature _____ Date _____

*Please be sure your name is printed above, and that your credit card's expiration date accommodates the recurring payments you'd like to make.
When you sign up for recurring payments, your credit card will be charged now, and then at the chosen interval, based on the date of the first transaction.*