

Contributions From (Chap# or CC# or Name)_____

Important – Send this card with your contribution. Make payment to the order of Beta Sigma Phi.

We wish to contribute to the Beta Sigma Phi International Funds as follows:

Scholarship Fund.....\$

Endowment Fund.....\$

Loan Fund.....\$

Exemplar Fund.....\$

Disaster Fund.....\$

Breast Cancer Fund.....\$

Total Amount.....\$

Dated:_____

Signed:_____