

I am a *Life Loyal* Alpha Chi Omega!

Name: _____

Bond Number: _____ Initiation & Graduation Years: _____

Chapter & School: _____

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Home Phone: (____) _____ Alternate Phone: (____) _____

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Please do not send me the premiums (i.e. gift, pin, card, etc.). I only want to receive the magazine.

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Expiration Date: _____ Security Code (reverse side of card): _____

Charge my credit card a **one-time payment** of \$299.

I am a 50 year plus member, charge my credit card a **one-time payment** of \$179.

I have enclosed a check for a **one-time payment** of \$299 made payable to *Alpha Chi Omega* (\$179 for 50 year plus members).

Charge my credit card 12 **monthly installments** of \$28; this includes a \$37 processing fee.

I am a 50 year plus member, charge my credit card 12 **monthly installments** of \$18; this includes a \$37 processing fee.

Please send this form and payment to:

Alpha Chi Omega Headquarters
5939 Castle Creek Parkway North Drive
Indianapolis, IN 46250

Or e-mail to hflynn@alphachiomega.org or
mhoughton@alphachiomega.org

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