



Keep in Touch

The International Veterinary Fraternity of Omega Tau Sigma

Printable Gift Response For Omega Tau Sigma

ANNUAL GRADUATE GIFTS

(supports OTS alumni affairs & national office efforts, not tax deductible)

- First five years after graduation: \$35*
- More than five years after graduation: \$75*
- Other (you may send more or less than the amounts above): \$_____

Make check payable to "Omega Tau Sigma Veterinary Fraternity."

CHARITABLE FUND CONTRIBUTION

(supports scholarship grants for student members)—tax deductible

- Pledge (up to \$99*): \$_____
 - White Carnation (\$100-\$250*): \$_____
 - Alpha Key (\$250-\$499*): \$_____
 - The Inner Square (\$500-\$999*): \$_____
 - Founder 1906 (\$1,000 or more*): \$_____
- * With U.S./Canada exchange rates, both currencies now have a roughly equivalent value.

Make check payable to "Omega Tau Sigma Charitable Fund." If you would like to support both entities, please send two checks.

Total amount enclosed: \$_____ [505-W]

See reverse to sign up for auto-pay.

CHARGE YOUR GIFT: Visa MasterCard Discover

Card # _____

Exp. date _____ Amount \$ _____

Print Name _____

Signature _____

Please return this entire form to
The International Veterinary Fraternity,
Omega Tau Sigma, Administrative Office,
3109 N. Triphammer Rd., Lansing, NY 14882

Name _____ Maiden name _____

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

Home address _____ preferred

City _____ State _____ Zip _____ Country _____

Home phone # _____ Home email address _____

Business title _____ Company name _____

Business address _____ preferred

City _____ State _____ Zip _____ Country _____

Work phone # _____ Work email address _____

Date filled out: _____

Tell your story . . .

Recurring Credit Card Authorization Form

- Annual Graduate Gifts:** This form authorizes Omega Tau Sigma to deduct payments from my credit card, made payable to *Omega Tau Sigma Veterinary Fraternity*, according to the schedule of donations and methods listed below.
- Charitable Fund Donations:** This form authorizes Omega Tau Sigma to deduct payments from my credit card, made payable to *Omega Tau Sigma Charitable Fund*, according to the schedule of donations and methods listed below.

Name (please print) _____ Credit card type: Visa MC Discover

Card number _____ Expiration

date _____

Phone # _____ (H W C) Email address _____ (H W)

- Bill my Graduate Gift payment of \$ _____ **annually** to my credit card for as long as authorized below.
- Bill my Charitable Fund donation of \$ _____ **annually** to my credit card for as long as authorized below.

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.