



**Please complete all information below and mail this form along with your payment of \$150.00 to the Phi Kappa Sigma Foundation, 2 Timber Drive, Chester Springs, Pennsylvania 19425.**

**Name:** \_\_\_\_\_  
**Street:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Payment Method (circle):**     Visa / Master Card / Check  
**Name on Credit Card:** \_\_\_\_\_  
**Billing Street Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

<b>Credit Card #:</b> _____	<b>Exp. Date:</b> _____
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**Brick Information:** \_\_\_\_\_  
**Full Name:** \_\_\_\_\_  
**Chapter:** \_\_\_\_\_  
**Year of Graduation:** \_\_\_\_\_