



**YES, I WANT TO BECOME A MU PHI EPSILON FRATERNITY
HARMONY CAMPAIGN 2009 SUPPORTER**

Please indicate your preferred method of giving and payment option and return this form in the enclosed envelope with your check or credit card information to the International Executive Office (address below)

Please make check payable to Mu Phi Epsilon

12 Monthly pledge payments of \$ _____

4 Quarterly pledge payments of \$ _____

One Time Contribution \$ _____

My total pledge/contribution to the 2009 Harmony Campaign is \$ _____

Name: _____

Address: _____
No. Street City State Zip

Email Address: _____ Phone: _____

(Check one) Check Enclosed Credit Card (Visa/MasterCard)

Yes, I have included Mu Phi Epsilon Fraternity in my will.

I would like to learn about how I can leave a legacy to support Mu Phi Epsilon Fraternity.

If making a contribution by credit card please fill out the information below.

Name as it appears on credit card: _____

Statement Address (if same as above put "same")

No. Street City State Zip

Card No: _____ Exp. Date _____ (mm/yy)

3 digit Security Code on back of card: _____

Signature

Date

Mu Phi Epsilon
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559-277-1898
1-888-259-1471 (toll free)