

KAPPA ALPHA PSI FRATERNITY, INC.

~CHARLES KEOWN STUDENT PLAZA LEADERSHIP CAMPAIGN ~

WESTERN KENTUCKY UNIVERSITY

Name: _____ Phone: (____) _____ - _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Desired message on engraved brick: (No more than **4 lines**, with **16 characters per line**, including spaces & punctuation marks).

Line 1: _____

Line 2: _____

Line 3: _____

Line 4: _____

Please ensure your desired message is clear and legible. The Foundation reserves the editorial authority over all engraving to maintain consistency and to uphold the Keown Plaza's elegance and dignity.


Amount Enclosed: _____ Brick Purchase (\$150.00)*
_____ Additional Donation to KAP Fraternity, Inc.
_____ Additional Donation to NPHC
_____ **Total Amount of my pledge**

Be sure to see if your employer has a matching gift program!

*You may prefer to donate by credit card or electronic fund transfer. The debit from your checking account may be in any amount, and when the \$150 has been paid in full the brick will be purchased and installed.

_____ **I prefer to make my gift by credit/debit card:**
_____ VISA _____ MC _____ AMEX _____ DISCOVER Amount: \$ _____
Credit Card # _____
Exp. Date: ____ / ____ Signature: _____

Payment should be made to the WKU FOUNDATION and mailed along with this form to:
Howard Bailey
C/O - Peggy Crowe - Keown Student Plaza
1906 College Heights Blvd. # 1025
Western Kentucky University
Potter Hall, Rm. 442
Bowling Green, KY 42101-1025



_____ **I prefer to make my gift by electronic funds transfer on a monthly basis.** PLEASE COMPLETE FORM BELOW.
Deductions to begin the month of _____ Amount to be withdrawn each month \$ _____

KAP FRATERNITY, INC. (BRICK)

Western Kentucky University
AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

NAME (PRINT) (LAST, FIRST, MIDDLE) _____ SOCIAL SECURITY # _____ EMAIL ADDRESS _____

HOME ADDRESS (STREET, CITY, STATE, ZIP) _____ PHONE NUMBER _____

I authorize my bank to initiate debit entries to my bank account indicated below on or about the 10th of each month. I further authorize the financial institution named below to credit the same to the WKU Foundation. PLEASE ATTACH A VOIDED CHECK TO THIS FORM.

Financial institution _____ Designations of Gift: _____
City _____ State: _____ Zip: _____ \$ _____ per month *Initiatives for Student Leadership*

Transmit/ABA No. (Omit if uncertain) _____ **Account # 110073**

Account #: _____

Amount to be debited per month \$ _____

Effective Date _____

SIGNATURE: _____ START CHANGE CANCEL