



Membership Commitment 2009–2010

Name _____ E-mail _____

Mailing address _____ City _____ State ____ ZIP _____

ID (official use only) _____ Preferred contact phone _____

Alumni Lettermen Parent Friend of Elon

I Pledge \$ _____ I will make _____ (no. of payments) Monthly Quarterly beginning in _____ to be paid by May 31.

My gift of \$ _____ **is enclosed** My company has a matching gift program. Form is enclosed with payment.

Charge my: Visa MasterCard Discover AmEx **Check** (Please make checks payable to Phoenix Club)

Account Number _____ Verification Code _____

Expiration Date (month/year) _____ Signature _____

Elon Faculty/Staff payroll deduction: I authorize Elon University to apply the Faculty/Staff payroll deduction plan for the fiscal year from June 1, 2009, to May 31, 2010, in the amount of \$ _____ per month, beginning in the month of _____

I authorize payroll deduction to continue annually until otherwise notified

To make a gift online, visit www.elonphoenix.com/phoenixclub

Elon's fiscal year ends May 31, 2010.

Contribution Level

<input type="checkbox"/> Ember	\$100
<input type="checkbox"/> Maroon & Gold	\$250
<input type="checkbox"/> Talon	\$500
<input type="checkbox"/> Champion	\$1,000
<input type="checkbox"/> Elon Society	\$1,500
<input type="checkbox"/> Hall of Fame	\$2,500
<input type="checkbox"/> Rising Phoenix	\$5,000
<input type="checkbox"/> IMPACT Circle*	

* Level set annually by Board of Trustees

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