



THE ALPHA COURTYARD

HONOR THOSE WHO HONORED YOU

This brick is in memory in honor of _____

PAYMENT INFORMATION

Engraved Brick Purchase: \$100.00

I wish to pay with:

Check Enclosed (please make check payable to Phi Theta Kappa Foundation)

Credit Card Master Card Visa Discover American Express

Name on Card _____ Card Number _____

Expiration Date _____ CW2# _____

PERSONALIZE YOUR ALPHA COURTYARD BRICK

Inscribe your message in the three lines below, with a maximum of 14 characters (including spaces and punctuation) per line.

BRICK CERTIFICATE

This brick is being purchased by Individual Chapter Region Alumni Association

Name _____

Mailing Address _____

City, State, Zip _____

Phone _____ Email _____

A certificate to acknowledge this recognition should be mailed to:

Name _____

Mailing Address _____

City, State, Zip _____

Thank you for supporting the Phi Theta Kappa Foundation.
A portion of your gift is tax deductible as allowed by law.