



**Theta-Xi Chapter of Kappa Sigma**  
**2019 Annual Alumni Dues Invoice Form**



Brothers,

In recognition of the value of my Kappa Sigma experience in my graduate years, and in the enjoyment of Brotherhood in my adult years, and in recognizing the importance of ongoing Communications and Alumni participation to the future of Theta-Xi Chapter, I agree to remit annual dues as itemized below to support the Chapter website, the creation and distribution of Hilltop Breeze newsletters, and annual Alumni functions. I understand that these dues are used to support Alumni Communications and Activities and are in addition to any pledge or donation I may have made to the Capital Campaign for construction and financing of the New Chapter House. Please remit this entire form with check to:

Theta - Xi of Kappa Sigma, Inc.  
Attn:Marek Kolar  
40 Lane 146 Crooked Lake  
Angola, IN 46703

**Payments maybe also be made by Paypal at [thetaxi50@gmail.com](mailto:thetaxi50@gmail.com)  
or by ACH to Theta-xi of Kappa Sigma, Inc. Please contact us for  
the Bank Routing Information.**

Checks should be made payable to: **Theta-Xi of Kappa Sigma, Inc.** and paid by Dec 31, 2019

Annual dues: **\$ 100.00** (for Graduates of the class of 2008 and before)

Annual Dues: **\$ 50.00** (for graduates after the class of 2008)

Memo line should read: 2019-20 Annual Dues.

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**Dues Amount paid = \$ \_\_\_\_\_**

**Colors Program support = \$ \_\_\_\_\_ (optional)**

**Additional Donations = \$ \_\_\_\_\_ (optional)**

**Total Remittance this check = \$ \_\_\_\_\_**

Colors program is an Alumni supported fund which provides new initiates with a Shirt and Jacket displaying "the letters" to enhance Kappa Sigma's presence on campus.

While I understand that the exact amount of my donation will not be publicized without permission, the Chapter, House Corporation Board, or Finance may publish my name among those of other contributors.

Fraternally,

Signature \_\_\_\_\_ Address \_\_\_\_\_

Printed Name \_\_\_\_\_ City \_\_\_\_\_

Pledge Class \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Graduation Year: \_\_\_\_\_ Major: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Big Brother: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Thank you for your support of Kappa Sigma.** Cell Phone: \_\_\_\_\_