



INTERNATIONAL PROFESSIONAL MUSIC FRATERNITY

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

Please download and print this form. Indicate your preferred method of giving and payment option. Return this form with your check or credit card information to:

Mu Phi Epsilon  
International Executive Office  
1611 County Rd B West, #320  
St Paul, MN 55113  
Phone: 1-888-259-1471  
executiveoffice@muphiepsilon.org

**My contribution to the Harmony Campaign is \$** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City State Zip

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Payment Information (check one)**

\_\_\_\_\_ **Check Enclosed**   **Credit Card:** \_\_\_\_\_ **Visa**   \_\_\_\_\_ **MasterCard**   \_\_\_\_\_ **Discover**

**Please make check payable to Mu Phi Epsilon**  
Put "Harmony Campaign" in memo section of check

\_\_\_\_\_ 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