

Phi Kappa Psi Fraternity Merchandise Order

	Price	Qty	Total
Pledge and Initiation Items			
Pledge Manuals for New Pledges are included with Pledge Fee payment			
Pledge Pin	\$4.00		
Initiation Badges, Certificates and Cards for New Members are included with Initiation Fee payment			
Initiation Badge, Replacement	\$35.00		
Certificate and Card, Replacement	\$15.00		
Alumni and Recognition Pins			
5 Year Alumni Recognition Pin	\$8.00		
10 Year Alumni Pin	\$9.00		
25 Year Alumni Pin	\$9.00		
50 Year Alumni Pin	\$9.00		
75 Year Alumni Pin	\$50.00		
Sweetheart Pin, Plain	\$95.00		
Sweetheart Pin, with Pearls	\$135.00		
Sweetheart Pin, with Pearls and Rubies	\$155.00		
Sweetheart Pin, with Pearls and Diamonds	\$180.00		
Chapter Ritual Items			
Altar Lamp	\$60.00		
Baldric, Embroidered (Specify GP, VGP, P, AG, BG, SG, Phu, Hod, or Hi)	\$75.00		
Ballot Box	\$100.00		
Centennial History	\$30.00		
Chapter Minute Book	\$65.00		
Flag, American, 3 x 5	\$35.00		
Flag, Phi Kappa Psi, 3 x 5	\$70.00		
Flag, Phi Kappa Psi, 6 x 8 1/2	\$99.00		
Flag, Phi Kappa Psi, Table Topper w/ stand	\$8.50		
Gavel & Sounding Block	\$60.00		
Newman (GP) Badge	\$165.00		
Ritual Book	\$50.00		
Songbook, Hardbound	\$25.00		
Songbook, Softbound	\$6.00		
Songs on Compact Disk	\$13.00		
	Postage:		10.00
Order Total:			

Payment must be made before your order can be shipped.

Please enclose a check for the full amount or complete the payment form on the back of this sheet.

Ship to: (Name) _____

(Address) _____

(City, ST, ZIP) _____ (Phone#) _____

E-mail, Fax, or Mail your order along with your payment to:

Phi Kappa Psi Fraternity; 5395 Emerson Way; Indianapolis, IN 46226
 (317) 632-1852; FAX: (317) 275-3449; PLG@PhiKappaPsi.com

**Phi Kappa Psi Fraternity
Merchandise Payment**

*Please complete the Merchandise order on the back of this sheet.
You must include a check or this completed form for your order to be processed.*

**PLEASE COMPLETE THE ENTIRE FORM - You may be charged a fee if this payment
cannot be processed due to missing or incomplete information.**

Chapter Name: _____
Payment Amount: _____
Payment Description: _____

Your Name: _____
Telephone: _____
Email Address: _____

Payment Option (Check One):

Credit or Debit Card

Name On Card: _____
Card Type: _____
Card Number: _____
Expiration Date: _____
Billing Address: _____
City, State, ZIP: _____

Checking Account Draft

Name On Check: _____
Routing Number: _____
Account Number: _____
Billing Address: _____
City, State, ZIP: _____

If you have questions, contact the Bookkeeper, Pamela Graves at:
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