



Recurring Gift Club Sign-Up Form
I want to join the ENF's Recurring Gift Club!

Donor Name: _____

Donor Address: _____

Phone Number: _____

Email Address: _____

Lodge No.: _____

ENF Donor ID: _____



Option 1. Direct Debit

Please draft my bank account* monthly or quarterly. (Enclose a voided check for accuracy.)

Bank Draft Start Date: 15th or 25th

Monthly Draft Amount: \$ _____

Signature: _____

Option 2. Credit Card

Please charge my credit card* the agreed monthly or quarterly amount of: \$ _____

Visa

MasterCard

Discover

American Express

Acct. No.: _____ Exp. Date: _____

Signature: _____

*This agreement will remain in effect until the ENF receives written notification of termination.
Quarterly donations will occur every three months after the first gift.

Return this form to:
Elks National Foundation
Recurring Gift Club
2750 N. Lakeview Ave.
Chicago, IL 60614-2256
enf@elks.org

For more information, visit www.elks.org/enf/recurringclub.cfm.
Or contact the Elks National Foundation office, enf@elks.org, 773.755.4728