



Recurring Gift Account Update Form

Name: _____

Billing Address: _____

Lodge No.: _____ Email Address: _____

Option 1. Direct Debit

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

Bank Draft Start Date (circle one): 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: _____ CVV: _____

Signature: _____

*This agreement will remain in effect unless there is a scheduled end-date or 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
2750 N. Lakeview Ave.
Chicago, IL 60614-2256
Fax: 773.755.4794

For more information, visit enf.elks.org/FidelityClub, or contact the ENF office at fundraising@elks.org or 773/755-4762.