



## Yes, I want to join the ENF Fidelity Club!

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

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Lodge No.: \_\_\_\_\_ Member No.: \_\_\_\_\_

ENF Donor ID: \_\_\_\_\_



### Option 1. Direct Debit

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

Bank Draft Start Date: 15<sup>th</sup> or 25<sup>th</sup>

Monthly Draft Amount: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

### Option 2. Credit Card

Please charge my credit card\* the agreed monthly amount of: \$ \_\_\_\_\_

Visa

MasterCard

Discover

American Express

Acct. No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

Please designate my gift to my favorite ENF Program (circle one):

Community Investments   Drug Awareness   Hoop Shoot   Scholarships   Veterans Service   All Programs

Return this form to:  
Elks National Foundation  
2750 N. Lakeview Ave.  
Chicago, IL 60614-2256

For more information, visit [enf.elks.org/FidelityClub](http://enf.elks.org/FidelityClub).  
Or contact the Elks National Foundation office at [fundraising@elks.org](mailto:fundraising@elks.org) or 773/755-4762

\*This agreement will remain in effect until the ENF receives written notification of termination.