



Fidelity Club Enrollment Form



Donor Name: _____

Donor Address: _____

Lodge No.: _____ ENF Donor ID: _____

Phone Number: _____ Email address: _____

Option 1. Direct Debit

Please draft my bank account* monthly (\$5 minimum) or quarterly (\$15 minimum).
(Enclose a voided check for accuracy.)

Bank Draft Start Date (circle one): 15th or 25th

Scheduled Draft Amount: \$ _____

Signature: _____

Option 2. Credit Card

Please charge my credit card monthly (\$5 minimum) or quarterly (\$15 minimum).

Visa

MasterCard

Discover

American Express

Scheduled Draft Amount: \$ _____

Acct. No.: _____ Exp. Date: _____

Signature: _____

New Option: Designate your gift! If you choose not designate a program fund, your gift will be invested in the ENF Endowment Fund and distributed to all ENF programs.

Please designate my gift to fund my favorite program (circle one):

Community Investments Drug Awareness Hoop Shoot Scholarships Veterans Service

*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
2750 N. Lakeview Ave.
Chicago, IL 60614-2256

For more information, visit www.elks.org/enf/recurringclub.cfm, or contact the ENF office at enf@elks.org or 773/755-4728.