



Elks National Foundation

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MVS Named Scholarship Program Donation Form

Scholarship Name: _____

Donor Name: _____

ENF Donor I.D.: _____

Donor Address: _____

Lodge No.: _____

Member No.: _____

Phone No. : _____

Please select one option for payment and return with your Enrollment Form:

A: Check by Mail *Make checks payable to Elks National Foundation.*

Enclosed is a Check in the Amount of \$ _____

B: Credit Card**

Please charge my credit card.

One-Time for the amount of \$ _____

Monthly Amount \$ 83.40

Quarterly Amount \$ 250.00

Visa MasterCard Discover American Express

Credit Card No.: _____ Exp. Date: _____ CVV: _____

Signature: _____

C: Direct Debit**

I would like the ENF to directly debit my bank account.

(If you select this option, please enclose a voided check for accuracy).

Draft Date: (circle one) the 15th or 25th

One-Time for the amount of \$ _____

Monthly Draft Amount \$ 83.40

Quarterly Draft Amount \$ 250.00

Signature: _____

***This agreement will remain in effect until the ENF receives written notification of termination or until pledge is completed.*

Once enrolled, you may donate toward your Named Scholarship pledge
online at **enf.elks.org/namedMVS**.