

CONTRIBUTION FORM

TEXAS LIONS FOUNDATION

Funding Sources:

100% Lions Club	\$2 per member per year
Texas Lions Foundation Award	\$125 contribution
Texas Lions Fellow	\$500 contribution
Cornerstone Club	\$100 per year contribution

** May be paid \$10 per month by bank draft **

Memorials, Wills and Bequests

IRS 501 (c) (3) Organization

DONATION FROM:

Club [] District [] Individual [] Other []

INDIVIDUAL DONATION

Memorial, Will, Bequest [] TLF Award [] Texas Lions Fellow [] Cornerstone Club []

CLUB DONATION

Check One: \$2 per member [] TLF Award [] Texas Lions Foundation [] Cornerstone Club []

Club Name: _____ District: _____

Club President: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

IF TEXAS LIONS FOUNDATION AWARD OR TEXAS LIONS FELLOW AWARD

FILL IN BELOW:

Name for recognition: _____

Send plaque to: _____

Address: _____

City: _____ State: _____ Zip: _____

IF MEMORIAL, WILL OR BEQUEST FILL IN BELOW:

In Memory of: _____

Send card to: _____

Address: _____

City: _____ State: _____ Zip: _____

Relation to deceased: _____

IF CORNERSTONE CLUB FILL IN BELOW:

Club Member Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Club Name: _____ District: _____

Name for Recognition: _____

Send Plaque to: _____

Address: _____

City: _____ State: _____ Zip: _____

TEXAS LIONS FOUNDATION CORNERSTONE CLUB

AUTHORIZATION AGREEMENT FOR

CREDIT/DEBIT ENTRIES

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I hereby authorize TEXAS LIONS FOUNDATION, INC to initiate credit/debit (not to exceed \$ _____) entries to my checking account indicated below and the Depository named below, to credit/debit (not to exceed \$ _____) the same account:

Depository (Bank) Name: _____

City: _____ State _____ Zip _____

Transit/ABA No: _____ Account No: _____

This authority to remain in full force and affect until TEXAS LIONS FOUNDATION, INC and Depository have received written notification from me of its termination in such time and in such manner as to afford TEXAS LIONS FOUNDATION, INC and Depository to act on it.

Name: _____
(Please print name above)

Date: _____ Signature: _____

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Please supply a voided blank check for the account you want to be credited/debited to be used for proper identification of Depository. (The monthly bank draft amount will be \$10.00 per award.)