

Please Print:

Name of Donor: _____

Address: _____ City _____ State _____ Zip _____

Phone () _____

If donor is a Sir Knight give Commandery Name _____ No. _____ State _____

Please apply my donation as follows (place an X in the appropriate box):

- \$ 30.00 - Life Sponsor (For Sir Knights only)
- \$ 50.00 - Associate Patron (Available to Foundations, Corporations, or Individuals)
- \$ 100.00 - Patron (Available to Foundations, Corporations, or Individuals)
- \$ 100.00 - Grand Commander's Club*
- \$ 1,000.00 - Grand Master's Club* As of 2/1/2015 once 25 Grand Master's Clubs are reached a Sword of Merit will be awarded.
- \$ 10,000.00 - Golden Chalice or Permanent Donor Fund (Available to Foundations, Corporations, or Individuals)
- \$ 25,000.00 - Grand Master's Sword of Merit (Available to Foundations, Corporations, or Individuals)
- \$ - Memorial Contribution (Please fill out information below for memorial)

*Grand Master's Club and Grand Commander's Club may not be purchased in the name of any organization, only individuals. Members of the Grand Commander's Club pledge to make annual contributions of \$100.00 or more for nine more years until the total of \$1,000.00 is reached to be enrolled in the Grand Master's Club.

This Gift is given to the Knights Templar Eye Foundation, Inc. (Amount \$ _____)

In Memory of _____ or in the Honor of _____

Please notify _____ Address _____

City _____ State _____ Zip _____

If a Commandery is to receive credit, give Commandery Name: _____ No. _____

State _____

The Knights Templar Eye Foundation, Inc. welcomes Gifts and Bequests as well as Gifts of Securities and Life Insurance. Information for preparing Wills, Bequests or becoming a member of the Permanent Donor Fund may be obtained from the Administrative Office, - Phone 214-888-0220 or Fax 214-888-0230. The Permanent Donor Fund requires a special form.

- Check or money order enclosed (Payable to the Knights Templar Eye Foundation, Inc.)
- Please charge to my credit card: VISA Mastercard American Express Discover

Credit Card Number _____ Expiration Date _____

Signature _____ Phone () _____

ALL CONTRIBUTIONS ARE ACKNOWLEDGED WITH A RECEIPT AND ARE TAX DEDUCTIBLE
(The Knights Templar Eye Foundation, Inc. is Co-Sponsor of the Seniors EyeCare Program)