

# 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: \_\_\_\_\_

.....

**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.)**