MASONIC CHARITY
FOUNDATION OF NEW JERSEY

_____ **YES!** I would like to make a memorial donation to the Masonic Charity Foundation of NJ.

For your convenience, the Masonic Charity Foundation accepts gifts of cash, checks, credit cards, and direct debit. If you would like to charge to your credit card or a direct debit from your checking of savings account, please complete all of the information below.

Your information:

Name: _____

Address: _____

Telephone number: _____

E-Mail address: _____
(We will e-mail your acknowledgement; if you do not provide an e-mail address, we will mail the acknowledgement letter(s) to you.)

Payment amount: $_____ Each month on the 1st _____or the 15th _____.
One Time Gift _____

Memorial Information:

Gift made in memory of: _____

Please send acknowledgement to:

Name: _____

Address: _____

For credit card charges**:**

Payment type: Visa Mastercard Discover
(Circle One)

Card # _____

Expiration date _____ CVC # (3-digits, on back of card) _____

For direct debit from checking/savings account:

Account type: Checking Account Savings Account
(Circle One)

Routing number: _____

Account number: _____

Note: for checking account debit, please attach a voided check.
for savings account debit, please contact your financial institution for routing number.

By signing this form, I/we agree to the terms and conditions above and allow the Masonic Charity Foundation to charge my credit/debit card or to directly debit my checking/savings account for the amount/frequency specified above until otherwise notified in writing.

_____ _____
Signature Date signed

To sign up for the Foundation's new sustaining donor program,
please complete this form and mail it to:
Masonic Charity Foundation of NJ
902 Jacksonville Road
Burlington, NJ 08016-3896
For more information about this program, please call 1(800) 792-8690. **Thank you!**