



ENCHANTED LANTERN CONTRIBUTION

Humanitarian Foundation Grottoes of North America



Date: _____ Submitted by _____ (Grotto) Send order to:
 Enclosed is a total contribution
 in the amount of: _____

CHOICE OF ONE PER ENCHANTED LANTERN

- TYPE of EMBLEM: **A**-Screw Post **B**-Pin Type
C-Charm **D**-Earrings (pierced or regular)
E-Cuff links **F**-Tab number (state number)
G-Tie Tac **H**-Bolo Tie (red; purple; gold)
I-Neck Tie (black, red)

Name

Address

City, State, Zip

Please issue Enchanted Lantern Certificate(s) in the name(s) listed below, left side. If contribution is for someone else, list name and wording desired on the right side. If the certificate is for a Prophet, indicate at left by an (X). Also indicate by alphabetical letter (listed above) type of emblem desired, color when applicable and be sure to indicate the tab number if ordered. **Earrings and cuff links require two(2) Enchanted Lantern contributions plus an additional \$10.00. Bolo and neck ties require an additional \$10.00.**

Is a Prophet	Person making contribution	Emblem	Color	Tab#	Person Lantern is for if different than Contributor
()	_____	()	()	()	_____
()	_____	()	()	()	_____
()	_____	()	()	()	_____
()	_____	()	()	()	_____
()	_____	()	()	()	_____

FAIRCHILD SOCIETY CONTRIBUTION / PLEDGE

- ___ Monarch Circle (\$250) \$ _____ contribution
- ___ Grand Monarch Circle (\$500 1 yr to complete) \$ _____ contribution ___ pledge *
- ___ Fairchild Silver Circle (\$1,000 18 months to complete) \$ _____ contribution ___ pledge *
- ___ Fairchild Gold Circle (\$5,000 48 months to complete) \$ _____ contribution ___ pledge *
- ___ Fairchild Platinum Circle (\$10,000 5-7 yrs to complete) \$ _____ contribution ___ pledge *

Person making contribution: _____ Member ___ Non-member

Special wording on the certificate: _____

* Please list the contribution level you would like to make. If you want to make it in a pledge form, please state how you want the payments to be made, i.e. **monthly, quarterly, semi-annual, yearly** and the amount that you would like to make at stated interval: _____ \$ _____ special instructions _____

** If you would like to change your contribution to another level, with the final payment of the desired level and return of the current level pin, a new certificate and pin will be issued to you. Contact the Humanitarian Foundation office with this request.

Credit Card Payment Information:

___ Visa ___ Master Card Credit Card Number: _____ Expiration: _____

Print Name: _____ Signature: _____

Make checks payable to **Humanitarian Foundation** and mail with contribution form to:
 Humanitarian Foundation 430 Beecher Rd Gahanna, OH 43230 (614-933-0711)