

## Fraternal Order of Eagles Diabetes Research Center Donation Card

Name \_\_\_\_\_ Aerie/Auxiliary Name & Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I (We) would like to support the campaign in the total amount of \$ \_\_\_\_\_ to be paid as follows:

Donation included OR to be paid over \_\_\_\_ (1-5 years), beginning \_\_\_\_\_ (date of first donation)

Please send payment reminders:  Monthly  Quarterly  Semi-Annually  Annually (*please check only one*)

Credit card information \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EXP. Date \_\_\_\_ / \_\_\_\_  Mastercard  Visa

*For tax purposes, no goods or services have been or will be received for this contribution. Fraternal Order of Eagles Foundation is a 501(c)(3) organization.*

*Please return to Fraternal Order of Eagles - Attn: Diabetes Research Center  
1623 Gateway Circle South  
Grove City, Ohio 43123-9309*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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