



ENCHANTED LANTERN CONTRIBUTION

Humanitarian Foundation Grottoes of North America



Date: _____ Submitted by: _____ (Grotto)

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 – 2 lanterns + \$10.00)
- E**-Cuff links (2 Lanterns + \$10.00)
- F**-Tab number (state tab number)
- G**-Tie Tac

Name

Address

City, State, Zip

Grotto to credit: _____

If purchase is a gift, please send to the following:

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.

Is a Prophet	Large Certif.	Person Contributing Lantern	Emblem	Color	Tab#	Person Lantern is for if different than Contributor
()	()	_____	()	()	()	_____
()	()	_____	()	()	()	_____
()	()	_____	()	()	()	_____
()	()	_____	()	()	()	_____
()	()	_____	()	()	()	_____

Credit Card: _____ **Visa** _____ **MC** _____ **AMEX** **Card Number:** _____

Expiration date: _____ **CVC #** _____ **Signature:** _____

Make checks payable to Humanitarian Foundation and mail original contribution form to the Humanitarian Foundation office: 430 Beecher Rd, Gahanna, OH 43230.