McAlester Scottish Rite

PERPETUAL ENDOWED MEMBERSHIP

Yes, I have a **current year dues card** and I want to participate in the **Perpetual Endowed Membership** plan.

Today I am paying $100.00,

by cash _____, by check # _____,

(check one)

or by VISA _____ or MasterCard _____.

You are authorized to debit my credit card in the amount of $750.00 for payment in full.

Name:_____

Address: _____

City: _____ State _____ Zip _____

Home phone #: _____ Work #: _____

VISA or MasterCard number & expiration date:
(Circle one)

_____-_____-_____-_____ _____

Card number **Expiration date**

I acknowledge that all funds deposited into the PEM fund cannot be reimbursed or used to pay my annual dues. I further acknowledge that I must maintain a current year dues card in order to continue participating in this program.

_____ _____

Your signature here date