

TLERC

Texas Lions Eyeglass Recycling Center

For Donations Mail To: 401 N. Colorado, Suite 100 Midland, TX 79701

tlerc@attglobal.net 432-683-3611

Visionary Knights of the Blind

Visionary "Knights of the Blind" are a special breed of "CAT", meeting the plea of Helen Keller by recognizing that her challenge to Lions is never ending. Such Visionaries understand that our financial support must be ongoing.

Donor Name(s): _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone, Cell, Pager: _____ Email: _____

Lions Club Affiliation: _____ District: _____

TLERC is now a stand alone Foundation under the Lions of Texas. TLERC joins the Texas Lions Camp and the Texas Lions Foundation as one of 3 that all Lions Clubs of the State of Texas have taken on the responsibility to maintain and support. 501(c)3 status is currently pending with the IRS. If tax deductibility is an issue, please contact TLERC at 432-683-3611.

Visionary Knights of the Blind – Payment Options

1. **Recurring Annual Payments** – Please select the annual level you wish to donate and send your check to the address above. A reminder letter will be sent to you each year on the anniversary of your enrollment as a Visionary Knight of the Blind.

\$100 (minimum) \$150 \$250 \$500 \$_____ (other annual amount)

2. **Monthly Bank Draft** – Please select the monthly amount you wish TLERC to draft monthly from your bank account. Drafts will be on the 15th of each month (or the 1st business day thereafter). Then follow the instructions below by completing and signing the form and attaching a voided check. Please return this form to the address above.

\$10 \$15 \$25 \$50 \$_____ (other monthly amount)

Instructions for Monthly Automatic Draft:

1) Enter amount of monthly automatic draft below 2) Sign and date all lines marked with an 'X' 3) **Attach a VOIDED check to this form**

To The Texas Lions Eyeglass Recycling Center:

I have given order to (print name of your Financial Institution): _____ to honor for you as they become due, on my monthly drafts and charge same to my account with this financial institution. This authorization will remain in effect until revoked by me in writing.

Enter amount of monthly automatic draft selected above: \$_____ (minimum \$10)

Please sign and date below – use signature(s) required on your account:

X _____ Date: ___/___/___ X _____ Date: ___/___/___
(second signature only if 2 signatures required on check)