



The Order of St. Ignatius of Antioch

UPGRADE FORM

Name: _____ Phone: _____ Email: _____

Address: _____

Upgrading to: _____ COMMANDER LIFE MEMBER (\$15,000 in full or in 3 equal and consecutive donations of \$5,000)
(check one) (\$1,000 per year)

METROPOLITAN (30,000 in full or in 3 equal & consecutive annual donations of \$10,000)

The Order of St. Ignatius Loyalty Program:

Life Upgrade: Any Knight/Dame, who has been a member for more than 10 years (active/good Standing members); or any Commander, who has been a member for more than 5 years (active/good Standing members) can upgrade to Life Member for \$10,000 paid in a lump sum or over a 2- year period

Metropolitan Upgrade: Any Knight/Dame, who has been a member for more than 10 years (active/good Standing members); or any Commander, who has been a member for more than 5 years (active/good Standing members) can upgrade to Metropolitan Member for \$20,000 paid over a 3 year period. Life members who have fulfilled their initial Life member gift may upgrade to the Metropolitan level for \$10,000 paid in a lump sum or over a 2 year period. Enclosed is the dues donation of \$ _____ (All payments can be made by check (made payable to "The Order of St. Ignatius"), by EFT or by any major credit card). If you wish to participate in the Electronic Funds Transfer program: \$83.34 (for Commander), \$416.67 (for Life member for 36 months or \$833.34 (for Metropolitan for 36 months) will be deducted monthly (around the 5th) from your checking account.

Please complete the above, sign and include a voided check with your upgrade form.

_____ I (We) wish to participate in the EFT program. I (We) already participate in the EFT program.

Check here if you are interested in Workplace giving options, i.e. Matching gift program

Signature(s) _____

Date of Upgrade _____

For Credit Card Donations, please complete information below - PRINT CLEARLY:

Name on Credit Card _____ check if Monthly _____ or Yearly _____

Address Associated with Credit Card _____

Credit Card Number _____ VISA MasterCard Discover Amex Expiration:

_____ mm/yyyy CVC _____

Cover Fees

Card holder Signature _____

**PLEASE COMPLETE ALL INFORMATION and mail together with your payment:
The Order of St. Ignatius, 140 Church Camp Trail, Bolivar, PA 15923**

If you have any questions, please call: (724) 238-3677x410 or email: theorder@antiochian.org
Website: www.orderofstignatius.org