

KNIGHTS TEMPLAR EYE FOUNDATION, INC.

1000 East State Parkway, Suite I

Schaumburg, IL 60173

Phone: (847) 490-3838 -- FAX: (847) 490-3777

"A MASONIC CHARITY"

MATERIALS AVAILABLE

FORM #	NAME	QUANTITY
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LITERATURE

14.....	<i>HOW YOUR DOLLAR WAS SPENT.....</i>	_____
18.....	<i>FUND RAISING CAN BE FUN</i>	_____
19.....	<i>GUIDELINES FOR VOLUNTARY CAMPAIGNS.....</i>	_____
20.....	<i>VOLUNTARY CAMPAIGN NEWS RELEASE.....</i>	_____
36.....	<i>GRAND MASTER'S & GRAND COMMANDER'S CLUB.....</i>	_____
101.....	<i>THAT OTHERS MAY SEE</i>	_____
103.....	<i>EYE DONOR KIT.....</i>	_____
105.....	<i>INFORMATION ON GIFTS AND BEQUESTS</i>	_____
115.....	<i>AN INTRODUCTION TO THE KTEF, INC.....</i>	_____
116.....	<i>WAYS YOU CAN SUPPORT THE KTEF, INC</i>	_____
117.....	<i>YOUR SUPPORT THROUGH DONATIONS</i>	_____
118.....	<i>WHAT EVERY SIR KNIGHT SHOULD KNOW.....</i>	_____
.....	<i>KNIGHTS LIGHT QUARTERLY NEWSLETTER.....</i>	_____
.....	<i>SENIORS EYECARE PROGRAM INFORMATION</i>	_____
.....	<i>PUBLIC RELATIONS PACKET (SEE REVERSE)</i>	_____

FORMS

1-5.....	<i>APPLICATION FOR SURGERY AND HOSPITALIZATION</i>	_____
16.....	<i>CONTRIBUTION ENVELOPE</i>	_____
44.....	<i>PATRON, ASSOCIATE PATRON, LIFE SPONSOR.....</i>	_____
45.....	<i>PERMANENT DONOR FUND.....</i>	_____
51.....	<i>MATERIALS AVAILABLE (This Form).....</i>	_____
104.....	<i>HOW TO SPONSOR A CASE</i>	_____
106.....	<i>TRANSMITTAL FORM FOR CAMPAIGN DONATIONS (3 Part).....</i>	_____

SHIP TO: NAME _____ DATE NEEDED _____

ORGANIZATION _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____