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Ancient and Accepted Scottish Rite of Freemasonry Orient of Arkansas

"Draft My Dues Plan"

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Draft my bank account for \$	per month formonths beginning	
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Credit card type:		
Card number:		
Expiration date:		
Security Code:	(BACK OF YOUR CARD)	
Authorized signature:		

Return this completed form to: Scottish Rite, Orient of Arkansas, P.O. Box 2139 Little Rock, AR 72203. For more information call 501-375-5587 or visit ark-scottishrite.org