MASSACHUSETTS Lions EYE Research Fund, Inc.

APPLICATION FOR

MASSACHUSETTS LIONS EYE RESEARCH FUND, INC.

TRUST AND ENDOWMENT FUND
Post Office Box 6050, New Bedford, MA 02742

Categories:

SPONSOR AWARD	RESEARCHER AWARD	FOUNDER AWARD
☐ $1,000 Contribution	☐ $5,000 Contribution	☐ $10,000Contribution

RECIPIENT

Is this a personal donation? Yes___ No___

1. Individual Name _____
Print exactly as it should appear on award.

Address _____
Number & Street City State Zip Code

Lionistic Affiliation:
Club Name _____

District _____

☐ Check here if this is a Memorial

Print name, complete address, and relationship to deceased, of individual to whom award is to be presented.

Name _____

Address _____
Number & Street City State Zip Code

DONOR

This donation is from Individual ____ Club ____ District ____

Please type or print to ensure accuracy.

. Club Name _____ District No. _____

. Individual Name _____ Check if Non-Lion ☐

Address _____
Number & Street City State Zip Code

SEND RECOGNITION TO:

Please enter total amount included with this form.

Name _____ $ _____

_____ Use this space as needed.
Number and Street

_____
City State Zip Code