



**Lions Low Vision Research Foundation, Inc.
Donation Form**

Name _____ Lions Member Number _____

Club Name _____ Club Number _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

DONATION TYPE:

- Annual Giving**
- Vision Days** (formerly Candy Days)
- Arnall Patz Fellowship (Progressive Patz Yes ___ No ___)**
- Honorarium / Memorial** (please check one)

___ Honorarium ___ Memorial

Honorarium / Memorial for _____

Send card to

Name _____

Street Address _____

City _____ State _____ Zip _____

- AIM for Sight**
- Lions Fellowship Endowment**
- 120 Pin**
- Knights of the Blind Pyramid**
- Other**

Please make checks payable to: LVRF

Mail To: LVRF

P O Box 1714

Baltimore, MD 21203

Phone: 410-955-1883 (Message Only; Call will be returned)

OR Email: LVRF.info@gmail.com