

# HELEN KELLER AWARD APPLICATION

Recipient's Name \_\_\_\_\_

Recipient's Address \_\_\_\_\_

Recipient's Email address \_\_\_\_\_

Recipient's Home Club \_\_\_\_\_ District \_\_\_\_\_

*Proceeds will be used for capital campaign and major equipment purchases*

*Each Helen Keller will receive a lapel pin, distinctive plaque and club banner plate*

**PLEASE ALLOW 3-4 WEEKS FOR PROCESSING.**

**To request expedited arrangements, please email your request to [lionseyefoundation@gmail.com](mailto:lionseyefoundation@gmail.com)**

This award is needed by \_\_\_\_\_ Memorial award? [ ] yes [ ] no

*(Please check one)*

[ ] Please mail award to above address [ ] Please mail award to:

\_\_\_\_\_

Contact phone # \_\_\_\_\_

If the amount enclosed is less than the full \$1,000 contribution, I hereby commit to making payments of at least \$200 per year.

\_\_\_\_\_

(signature)

**Send your \$1,000 check payable to the "Lions Eye Foundation" to:**



Lions Eye Foundation  
c/o Lion John Schroeder  
P.O.Box 2302  
Santa Cruz, CA 95062



Not actual size