



Ambassador of Sight

APPLICATION

OUR DISTRICT'S HIGHEST HONOR

SUPPORTING CONNECTICUT'S LIONS LOW VISION CENTERS

Use this for
District 23-C

RECIPIENT Please Print Clearly Exactly as Name Should Appear on Plaque.

Is this a personal donation? Yes No Recipient as yet unnamed

Individual Name: _____

Address: _____

City, State, Zip: _____

Lionistic Affiliation Club Name: _____

Check here if this is a Memorial Ambassador of Sight

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

Name _____

Address _____

City, State, Zip _____

DONOR Complete ONLY if different from recipient. If more than a single donor, please provide list of donors and amounts on separate page.

Donor Name: _____

Address: _____

City, State, Zip: _____

Lionistic Affiliation Club Name: _____

This Donation is from: Individual Club District Other

Is this award a Surprise to the Recipient? Yes No

Please indicate when you would like the Award presented:

Date _____ Club Meeting Mid-Winter Conference State Convention

CONTACT PERSON

Name: _____

Telephone (H) _____ (B) _____ (C) _____

Special Mailing Instructions: _____

DONATION

Ambassador of Sight (Pledge)* \$1,000 or More \$ _____

**Ambassador of Sight Award is not conferred until the contributing amount has been received*

Partial Pledges can be payable over a period not to exceed 5 years

Yearly Pledge:

1st Year _____ 2nd Year _____ 3rd Year _____ 4th Year _____ 5th Year _____

Full Payment Partial Payment Completion of Installments

Signature: _____ Date: _____

Please Return To: PCC Ken Tucker, 24 Yerrington Ave, Norwich CT 06360
LionKen23C@yahoo.com