

LLEF Knight of Sight Application



Individual Completing this Form

Name _____ Date _____

E-mail _____ Phone _____

The Purpose of the Donation of a Knight of Sight Award is to build funds in the Louisiana Lions Eye Foundation so that it can continue its mission of research and care of the visually impaired in the state of Louisiana.

2. Contribution Details

Donor Name (individual, club, company, foundation)

Donor ID _____

Donor Club _____ Donor District _____

Amount of Contribution _____

Full Payment Installment Final Installment

Gift Type

US\$ Check Enclosed (payable to LLEF; drawn on US bank)

Credit Card Visa Mastercard American Express

Credit Card # _____

Expiration Date _____ Security Code _____

Name as it appears on credit card

Signature

Wire/Bank Transfer (Please attach bank transfer receipt)

Local LLEF Deposit (Please attach bank deposit ticket)

Cash

3. Recipient of Recognition

Type of recognition requested (please check one)

KOS___ PKOS___ To Be Named Later___

Recipient Name

Member ID# (if applicable) _____

Address _____

City _____ State/Province _____

Country _____ Postal Code _____

Club of Recipient _____

Club # _____ District _____

For Memorial Name of the individual to whom the plaque is to be presented. (Required for preparing recognition letter.)

4. Shipping Information

Please Note: Materials cannot be sent to PO Boxes.

Ship to Member ID # (if applicable) _____

Name _____

Address _____

City _____ State _____ Postal Code _____

E-mail _____ Phone _____

Recognition is sent once donation and application are received and processed at headquarters. Please allow a minimum of 15 days in the U.S. and 30 days elsewhere for shipping.

Special Instructions/Notes

**Louisiana Lions Eye Foundation
2020 Gravier Street, Suite B
New Orleans, LA 70112 USA**

Tel: 800-441-5466 • Fax: 504-525-7235

Web site: www.lioneyes.org/donate

E-mail: lioneyes@bellsouth.net