



Dr. Franklin Mason Fellowship Application

Donor Name:		Date:
Address:		
City:	State:	Zip:
Email:	Phone:	
Check One: <input type="checkbox"/> Home <input type="checkbox"/> Work	Check One: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Club Name:	District:
Recipient of Memorial Name (If not Donor): (Required for Recognition Purposes)		
Name To Whom Award will be Presented:		
Address:		
City:	State:	Zip:
(If Applicable) Club Name:		District:

Check Enclosed: \$ _____	I would like to make a total pledge of <input type="checkbox"/> Monthly \$ _____ Paid In (Check one of the Following): <input type="checkbox"/> Quarterly
I would like to charge my gift of \$ _____ to my: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover	
Name on the Card:	Card Number:
Expiration Date:	Signature:
Enclosed is a matching Gift from my employer or Previous Employer for: \$ _____	

<input type="checkbox"/> I have included the SC Lions Foundation or SCLCS in my Estate
<input type="checkbox"/> I am interested in learning more about gift planning opportunities
<input type="checkbox"/> I would like to support the SC Lions Charitable Services and Receive Lifetime Payments in return for my Gift. Please contact me for more Details. (A minimum age of 55 is required for this gift option)
<input type="checkbox"/> Please send me information on becoming a member of the KNIGHTS OF THE BLIND