



**APPLICATION FOR
KNIGHT OF THE BLIND
HIGHEST HONOR FOR LIONS OF CONNECTICUT**



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 Code _____

Lionistic Affiliation Club Name _____ District _____

Check here if this is a Memorial Knight of the Blind

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

Name _____

Address _____

City, State, Zip Code _____

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

Name of Donor _____

Address _____

City, State, Zip Code _____

Lionistic Affiliation Club Name _____ District _____

This donation is from (check one) Individual Club District M.D. Other _____

Lionistic Affiliation Club Name _____ District _____

Is this award a surprise to the recipient? Yes No

Please indicate where you would like the award presented: (Presentation at an MD-23 Function subject to the approval of the Council of Governors)

Club Meeting Mid-Winter Conference State Convention Date _____

Name of Contact Person _____

Telephone number of contact person (Home) _____ (Business) _____

Mailing instructions _____

DONATION

		Yearly Pledge	
Knight Pledge*	\$1,000 or more \$ _____	1st year _____	6th year _____
Ruby Knight Pledge	\$2,500 or more \$ _____	2nd year _____	7th year _____
Emerald Knight Pledge	\$5,000 or more \$ _____	3rd year _____	8th year _____
Sapphire Knight Pledge	\$7,500 or more \$ _____	4th year _____	9th year _____
Diamond Knight Pledge	\$10,000 or more \$ _____	5th year _____	10th year _____

* A Knight pledge can be payable over a period not to exceed 5 years.

Full Payment Partial Payment Completion of Installments

Knight of the Blind Award is not conferred until contribution totaling the amount checked above is received at the Foundation office.

Signature _____ Date _____

Please return to: **CONNECTICUT LIONS EYE RESEARCH FOUNDATION, INC.**
POST OFFICE BOX 848 WATERTOWN, CONNECTICUT 06795