

# I WANT TO HELP NEEDY FAMILIES

The LIONS OF MICHIGAN FOUNDATION is dedicated to improving the quality of life for people in Michigan with unmet needs by helping them become more independent. We provide emergency assistance and services aimed at helping people with sight and hearing deficiencies excel in school, secure and retain employment and remain self-sufficient. Your contribution will help us change lives.

☐ Enclosed is my gift for \$ \_\_\_\_\_ to the Lions of Michigan Foundation.

☐ Please bill me for \$ \_\_\_\_\_ as my gift to the Lions of Michigan Foundation.

☐ Please charge my debit/credit card for \$ \_\_\_\_\_. This is a: One Time Gift \_\_\_\_\_ Monthly  
Recurring Gift \_\_\_\_\_ Annual Recurring Gift \_\_\_\_\_ to the Lions of Michigan Foundation.

☐ Visa ☐ Discover ☐ MasterCard ☐ Other \_\_\_\_\_

Card Number: \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_ - \_ \_ \_ \_ \_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_

This gift is for:

- |  |   |
|--|---|
| <input type="checkbox"/> KidSight Fund           | <input type="checkbox"/> Dr. Robert Mathog Lions Hearing Centers            |
| <input type="checkbox"/> Medical Assistance Fund | <input type="checkbox"/> Grant Yager Military Family & Veterans Relief Fund |
| <input type="checkbox"/> Sight Restoration Fund  | <input type="checkbox"/> Emergency Disaster Relief Fund                     |
| <input type="checkbox"/> Other _____             |   |

This gift is in memory of: \_\_\_\_\_

This gift is in honor of: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_



Partners In Service

LIONS OF MICHIGAN FOUNDATION

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