



Lions Clubs International

District 33S Helen Keller Service Award

Recommendation Form

Individual Completing this Form

Name _____ Date _____

E-mail _____ Phone _____

The Helen Keller Service Award Program is a generous way to recognize a Lion or individual and show a commitment to the humanitarian work of District 33S LCIF Program and further support of the LCI Foundation.

The H.K.S.A. Program was established in 2014 in honor of Helen Keller, who inspired Lions to be her "Knights of the Blind" in finding a cure for preventable blindness.

An H.K.S.A. recognition is for the individual specified who has accomplished outstanding humanitarian service to community and can only be recommended by a club or individual Lion.

A recipient receives a Letter, Plaque and Drape Ribbon in recognition of dedicated humanitarian service from the District 33S Governor and the Helen Keller Service Award/LCIF Chairperson.

The award cannot be recommended for oneself, and Lions Clubs or Individuals are asked to donate **\$ 250.00** to District 33S Helen Keller Service Award Program,

- **Only an individual can receive the Helen Keller Service Award.**
- **Complete the H.K.S.A. recommendation and submit with payment.**
- Enclose Check (payable to Lions District 33S (with Helen Keller in Note Line). Send Check and Recommendation Form to

Helen Keller Award Committee

**PDG Bev Dillon
30 Partridge Trail
Bridgewater, MA 02324**

All Award Recognitions are presented by the Helen Keller Committee

- Include a short narrative indicating why the recipient was chosen to receive the award.

Note: This is a recommendation and the committee determines all approvals. If for any reason the recommendation is not approved the donation Check will be returned

The Committee meets each Month as need be

Recipient Name _____

Member ID# (if applicable) _____

Address _____

City _____ State/Province _____

Postal Code _____

Type of recognition requested (please check one)

HKA Memorial Plaque in memory of deceased

Recommending Club or individual _____

For Memorial presentation

Name of the individual to whom the plaque is to be presented to. (Information required for preparing recognition letter.)

Shipping Information

Name _____

Address _____

City _____ State/Province _____

Postal Code _____

E-mail _____ Phone _____

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Once donation and recommendation are received and processed. Please allow a minimum of 30 days.

