



# MD22 Lions Vision Research Foundation, Inc.



## Contribution Form

### DONOR

(If more than a single donor, please provide list of donors and amounts on separate page.)

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Club Name \_\_\_\_\_ District \_\_\_\_\_

### TYPE OF DONATION

- Annual Giving**, payable to "LVRF".
  - Knights of the Blind Pyramid (>= \$1,000)  
Name as it should appear on pyramid: \_\_\_\_\_
  - Arnall Patz Fellowship (\$2,500)  
Name as is should appear on the plaque: \_\_\_\_\_
- Vision Days**, payable to "LVRF-Vision Days". (formerly Candy Days)
  - Knights of the Blind Pyramid (>= \$1,000)  
Name as it should appear on pyramid: \_\_\_\_\_
  - Arnall Patz Fellowship (\$2,500)  
Name as is should appear on the plaque: \_\_\_\_\_
- Honorarium/Memorial donation**, payable to "LVRF".
  - HONORARIUM       MEMORIAL  
Honorarium/Memorial for: \_\_\_\_\_

Send honorarium/memorial card to:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

### SHIPPING INSTRUCTIONS

Awards can not be sent to P.O. Boxes.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Daytime Phone No. \_\_\_\_\_

(Recognition is not awarded until contributions are received by LVRF)

**Send all donations to: LVRF; P.O. Box 1714; Baltimore, MD 21203**

Bus: 410-955-1883 Fax: 410-955-1883 e-mail: [hmays@bcpl.net](mailto:hmays@bcpl.net)