



**APPLICATION FOR
Ambassador of Sight
SUPPORTING CONNECTICUT'S LIONS LOW VISION CENTERS**

RECIPIENT Please Print Clearly Exactly as Name Should Appear on Plaque.

Recipient's Name _____

Address _____

City, State, Zip _____

Recipient is a member of the _____ Lions Club

Is this presentation to be a surprise ? Yes No

When is plaque to be presented ? Event _____ Date _____

Check here if recipient is deceased

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

Name _____

Address _____

City, State, Zip _____

Relationship _____

DONOR

This Donation is from Individual Club District Other

Donor Name _____

Address _____

City, State, Zip _____

Name of Contact Person _____

Telephone of Contact Person (H) _____ (B) _____

Mail plaque to: _____

DONATION

Enclosed is a check for \$1000.

Enclosed is a check for \$ _____ to complete installment payments.

Use funds donated since 7/1/01. No payment is enclosed.

Signature: _____ Date: _____

Please Return To: Lions Low Vision Center
33 Highland Street
New Britain, CT 06050