



GIFT OF SIGHT FELLOWSHIP APPLICATION

Gift of Sight Fellowship award is given for continued support and participation in helping to give the gift of sight and to recognize dedication and participation in the challenge to eliminate curable blindness. This award is achieved through a \$500 financial donation.

The award recipient will receive a recognition plaque, and name plate prominently displayed on the LEBW Gift of Sight Wall of Honor.

Recipient Name _____

(Please print clearly as name should be written on plaque)

Club Name _____ District _____

Ship to Name _____ Phone _____

Ship to Address _____

City _____ State _____ Zip _____

Date and Location of Presentation _____

Amount Enclosed _____

Use funds on account

Checks payable to:
Lions Eye Bank of Wisconsin
5003 Tradewinds Parkway
Madison, Wisconsin 53718



*** PLEASE ALLOW A MINIMUM OF FOUR WEEKS PROCESSING TIME
ONCE APPLICATION IS RECEIVED IN OUR OFFICE ***