

All gifts are tax deductible – we are a 501 © 3 Foundation

IN MEMORY

OF \_\_\_\_\_

HELEN KELLER

BENEFACTOR

Enclosed is my donation of \$ \_\_\_\_\_

Individual or Club Name \_\_\_\_\_

Club District \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_

Recipient is a Lion YES NO a Volunteer YES NO a Family Member YES NO

In 50 words or less tell us about your HELEN KELLER recipient, i.e. years of service, why he/she deserves this honor.

Complete this form and mail along with your check to:  
Lions Sight & Hearing Foundation, 3427 N. 32<sup>nd</sup> Street, Phoenix, AZ 85018-5606