



Lions Eye Foundation of California-Nevada, Inc.
 P.O. Box 7999
 San Francisco, CA 94120
PRESERVING THE GIFT OF SIGHT

HONORARY / IN MEMORY DONATIONS

FROM: NAME _____ HOME PHONE _____

ADDRESS _____ BUS. PHONE _____

_____ AMOUNT ENCLOSED \$ _____

This gift is designated in memory of in honor of _____ ,
 for the occasion of _____

- This gift is to be applied for General Donation
 LEF Membership (cost is \$500 with \$100 min. 1st payment)
 Helen Keller Fellow (cost is \$1,000 with \$200 min. 1st payment)

Please send acknowledgement of this donation and how it is applied to:

NAME _____

ADDRESS _____

If the amount enclosed for an LEF membership is less than \$500 or the amount for a Helen Keller Fellow is less than \$1,000. I hereby commit to remit the balance of \$ _____ in installments of \$ _____ (\$100 min. for LEF membership and \$200 min. for Helen Keller Fellowship) annually, or semi-annually, for _____ periods until the total commitment is reached.

_____ signature

_____ date

Please mail this form plus check made out to the Lions Eye Foundation to:
 MARK PASKVAN
 P.O. Box 7999
 San Francisco CA 94120

Thank you for your generosity.