



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

## FOUNDATION LIFE MEMBERSHIP

Please enroll \_\_\_\_\_ as a life member of the Lions Eye Foundation of  
California-Nevada, Inc.  
type or print

**AMOUNT ENCLOSED** \$ \_\_\_\_\_ (minimum of \$100)

If the amount enclosed is less than the full contribution of \$500, I hereby commit to making  
payments of at least \$100 annually until the total is paid.

**NAME** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_

**BUS. PHONE** \_\_\_\_\_

**HOME CLUB** \_\_\_\_\_

**DISTRICT** \_\_\_\_\_

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

Please mail this form plus check made out to the Lions Eye Founda-  
tion to:

DON STANAWAY, EXECUTIVE DIRECTOR  
1200 Millbrae Ave.  
Millbrae, CA 94030

Thank you for your generosity.