



Lions Vision Research Foundation, Inc. Recognition Order Form

Use this form if you are just requesting Recognition from funds already paid in, or if you are making a donation equal to the amount of the Recognition you are requesting.

Date _____

Contact Name _____

Club Name _____ Club Number _____ District _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

RECOGNITION TYPE:

- Knights of the Blind Pyramid** (\geq \$1000) _____
- Arnall Patz Fellowship** (\geq \$2500) _____
- Progressive Patz** (\geq \$2500) Level _____

Name as it should appear on the recognition _____

Ship award to: *(no PO Boxes please)* _____ Lion Member Number _____

Name _____

Street Address _____

City _____ State _____ Zip _____ Phone _____

Date recognition is needed: _____ Requested Presenter: _____

(Please allow 15 business days to receive)

Please email this form to LVRF.info@gmail.com

Or mail to

LVRF

PO Box 1714, Baltimore, MD 21203

Phone: 410-955-1883

(Message only; call will be returned)