



Dr. Franklin G. Mason Fellowship Application – for Individuals

Donor Name:		Date:
Address:		
City:	State:	Zip:
Email:		Phone:
		Check One: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
Lions Club Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Club Name:	District:
Recipient of Memorial Name (if not donor):		
Name to Whom Award will be Presented (include presentation notes on reverse if applicable):		
Address:		
City:	State:	Zip:
Club Name (if applicable):		District:

Check Enclosed: \$_____		I would like to make a total pledge of \$_____ paid in (check one of the following): <input type="checkbox"/> One Time (enclosed) <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly	
I would like to charge my gift of \$_____ to my: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Discover <input type="checkbox"/> AmEx			
Name on Card:		Card Number:	
Expiration Date:	CSV Code:	Billing Zip:	Signature:
Enclosed is a matching gift from my employer for: \$_____			

<input type="checkbox"/> I have included Lions Vision Services in my Estate or Will
<input type="checkbox"/> I am interested in learning more about gift planning opportunities
<input type="checkbox"/> Please send me information on becoming a monthly donor or Knights of the Blind Society member

