



# Dr. Franklin G. Mason Fellowship Recipient Information Sheet For Lions Clubs Recognizing a Member

*The Dr. Franklin G. Mason Fellowship, established in 1974, honors the legacy of Dr. Franklin Mason (1924–2019) of Mullins, South Carolina—a Past International Director of Lions Clubs International, Past Board Chair of Lions Vision Services, and a leading supporter of LVS. Through personal giving and marathon fundraisers, Dr. Mason helped raise more than \$120,000 to support vision services across South Carolina.*

*South Carolina Lions Clubs may recognize a club member for each \$1,000 in unrestricted club contributions made within a 12-month period. Honorees should exemplify Dr. Mason’s spirit of service, generosity, and commitment to expanding access to vision care statewide.*

**Important Note:** *To ensure timely processing of this recognition, this form must be completed in full. Incomplete submissions may delay recognition. All information collected is used solely by Lions Vision Services and is not shared with other entities.*

<b>Individual Completing this Form</b>	
Name:	Date:
Email:	Phone:
<b>Club Contribution Information</b>	
1. Club District:  2. Club Name:  3. Recipient Club (if different than that of the naming club):	
<b>Recipient of Recognition</b>	
<i>This information must be completed, in full, in order for LVS to process the award.</i>	
Recipient Name:	
Address:	
City:	State:                      Zip:
Recipient Email:	Recipient Phone:
Club of Recipient:	

In 2-3 sentences, please share why your club is choosing to recognize this individual and how this person exemplifies the spirit of the Franklin G. Mason Fellowship:

Type of recognition:

First time Franklin Mason Fellowship recipient

Progressive Franklin Mason Fellowship

In Memorial Franklin Mason Recognition

**For Memorials:** Include the name/address of the individual to whom the plaque is to be presented.

Name:

Address:

City:

State:

Zip:

### **Presentation Selection**

Lions Vision Services representative to present at an upcoming Club meeting

*Meeting TIME and LOCATION:*

*Provide 3 upcoming dates available for LVS representative to attend your meeting:*

Present during one of the following:

Cabinet Meeting     District Convention     State Convention

Ship the award to the following:

*Name:*

*Phone Number:*

*Address:*

*City, State, Zip:*

----- **For Internal Use Only** -----

**- List the dates and amounts of qualifying contributions for this recognition:**

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