



CENTRAL OHIO LIONS  
**EYE BANK**

Be a part of the vision.

**HELEN KELLER SIGHT SAVER AWARD**

**Application**

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**Individual Completing this Form:**

Name \_\_\_\_\_ Date \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

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**Contribution Details:**

Donor Name (individual, club, company, foundation)

\_\_\_\_\_

Donor ID \_\_\_\_\_

Donor Club \_\_\_\_\_

Donor District \_\_\_\_\_

Amount of Contribution \_\_\_\_\_

Full Payment  Installment  Final Installment

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**Recipient of Recognition:** (Individual person)

Recipient:     Be Named Later     Memorial Plaque in memory of deceased

Recipient Name (Exactly as it is to be engraved on plaque)

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Recipient ID# (if applicable)

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Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Club of Recipient \_\_\_\_\_

Club # \_\_\_\_\_

District \_\_\_\_\_

For Memorial List name of Helen Keller Sight Saver surviving family member to whom Memorial plaque will be given.

(Needed for recognition letter which accompanies plaque.)

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**Shipping Information:**

Ship to Member ID # (if applicable) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Country \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

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**Mail Completed Form to:**

**Helen Killer Sight Saver Award  
Central Ohio Lions Eye Bank  
Jason Brosious, Executive Director  
262 Neil Ave. Suite 140  
Columbus, Oh., 43215**