



**APPLICATION FOR  
KNIGHT OF THE BLIND  
HIGHEST HONOR FOR LIONS OF CONNECTICUT**



**RECIPIENT**

Please Print Clearly Exactly as Name Should Appear on Plaque.

Is this a personal donation?  Yes  No  Recipient as yet unnamed

Individual Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Lionistic Affiliation Club Name \_\_\_\_\_ District \_\_\_\_\_

Check here if this is a Memorial Knight of the Blind

Print name, complete address and relationship to deceased, of individual to whom plaque is to be presented.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**DONOR**

Complete **ONLY** if different from recipient. If more than a single donor,  
please provide list of donors and amounts on separate page.

Name of Donor \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Lionistic Affiliation Club Name \_\_\_\_\_ District \_\_\_\_\_

This donation is from (check one)  Individual  Club  District  M.D.  Other \_\_\_\_\_

Lionistic Affiliation Club Name \_\_\_\_\_ District \_\_\_\_\_

Is this award a surprise to the recipient?  Yes  No

Please indicate where you would like the award presented: (Presentation at an MD-23 Function subject to the approval of the Council of Governors)

Club Meeting  Mid-Winter Conference  State Convention  Date \_\_\_\_\_

Name of Contact Person \_\_\_\_\_

Telephone number of contact person (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Mailing instructions \_\_\_\_\_

**DONATION**

			Yearly Pledge	
Knight Pledge*	\$1,000 or more	\$ _____	1st year _____	6th year _____
Ruby Knight Pledge	\$2,500 or more	\$ _____	2nd year _____	7th year _____
Emerald Knight Pledge	\$5,000 or more	\$ _____	3rd year _____	8th year _____
Sapphire Knight Pledge	\$7,500 or more	\$ _____	4th year _____	9th year _____
Diamond Knight Pledge	\$10,000 or more	\$ _____	5th year _____	10th year _____

\* A Knight pledge can be payable over a period not to exceed 5 years.

Full Payment  Partial Payment  Completion of Installments

Knigh of the Blind Award is not conferred until contribution totaling the amount checked above is received at the Foundation office.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return to: CONNECTICUT LIONS EYE RESEARCH FOUNDATION, INC.  
P.O. Box 9268 NEW HAVEN, CONNECTICUT 06533 TELEPHONE (203) 785-6121