

Melvin Jones 13-D Lions Eye Care Foundation

7565 Ivydale N.W.
North Canton, OH 44720

Application for Knights of the Blind Fellowship

| | |
|---|--|
| RECIPIENT Name _____ Address _____ City _____ State _____ Zip Code _____ | |
| DONOR Name _____ Address _____ City _____ State _____ Zip Code _____ | |
| IF THIS IS A MEMORIAL Name of person to receive the plaque: Name _____ Address _____ City _____ State _____ Zip Code _____ | |
| DONATION Check one: <input type="checkbox"/> Enclosed check for \$500.00 <input type="checkbox"/> This is a partial donation in the amount of \$ _____ <input type="checkbox"/> This is a completion of the \$500 donation \$ _____ | Official Use Only Date Received: _____ Amount: _____ 2 nd Payment: _____ Date Plaque Issued: _____ |

Comments: