

I WANT TO HELP NEEDY FAMILIES

The LIONS OF MICHIGAN FOUNDATION is dedicated to improving the quality of life for people in Michigan with unmet needs by helping them become more independent. We provide emergency assistance and services aimed at helping people with sight and hearing deficiencies excel in school, secure and retain employment and remain self-sufficient. Your contribution will help us change lives.

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

- Enclosed is my gift for \$ _____ to the Lions of Michigan Foundation.
- Please bill me for \$ _____ as my gift to the Lions of Michigan Foundation.
- Please charge my debit/credit card for \$ _____. This is a: One Time Gift ____ Monthly Recurring Gift ____ Annual Recurring Gift ____ to the Lions of Michigan Foundation.

Visa Discover MasterCard Other _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ CVV Code: _____

Signature: _____

This gift is for the:

- KidSight Fund
- Eye Care Assistance Fund
- General Programs Fund
- Endowment Fund
- Dr. Robert Mathog Lions Hearing Centers
- Military Family and Veterans Relief Fund
- Emergency Disaster Relief Fund
- Other _____

This gift is in memory of: _____

This gift is in honor of: _____

Please acknowledge my gift to: _____

Mailing Address: _____



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