



SERVING LEHIGH, NORTHAMPTON AND MONROE COUNTIES

845 West Wyoming Street, Allentown, PA 18103  
P 610.433.6018 | F 610.433.4856

### DISTRICT 14-K LIONS NEEDS NIGHT 2014 PLEDGE/GIFT FORM

Please complete this form indicating your pledge/gift to Center for Vision Loss for 2014-2015 and either bring it with you to on Needs Night, September 30, 2014, or return it by mail to the address above if you can't attend. Thank you for your continuing support.

Name of Club: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Our Club Pledges \$** \_\_\_\_\_.

**First Payment/Gift \$** \_\_\_\_\_.

**We would like our pledge/gift to be applied to the following Need(s). Remember: You can split your pledge among various Needs and categories of Needs are not exclusive because the gifts of many add up quickly! If you choose to split your pledge, please let us know the amounts you wish to give in the desired categories.**

- |                                       |                                   |
|---------------------------------------|-----------------------------------|
| 1. _____ General Operating Support    | 4. _____ Program Fund             |
| 2. _____ Children's Vision Screenings | 5. _____ Camp I CAN!              |
| 3. _____ Vehicle Replacement Fund     | 6. _____ Vision Help Program Fund |

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For Office Use Only:

Gifts Received (Include Date, Amount & Purpose)

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845 West Wyoming Street, Allentown, PA 18103 | P 610.433.6018 | F 610.433.4856  
4215 Manor Drive, Stroudsburg, PA 18360 | P 570.992.7787 | F 570.992.7772  
www.centerforvisionloss.org