



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 BREAKFAST 2017-2018 PLEDGE/GIFT FORM

Please complete this form indicating your club's pledge/gift to Center for Vision Loss for 2017-2018 and either **bring it with you to the NEEDS BREAKFAST, Saturday, October 14, 2017** or return it by mail to the address above if you can't attend. **Remember that our fundraising goal is \$53,000.** Your gift, no matter what the amount, helps us make a difference in the lives of people with vision loss in the Lehigh Valley. Thank You!

Club Name _____
Contact Person _____
Address _____
City _____ State _____ ZIP _____
Phone _____ Email _____

Your unrestricted donation will help support all of the programs and services provided by the Center for Vision Loss.

OUR CLUB PLEDGES \$ _____
FIRST PAYMENT / GIFT \$ _____

However, your club also has the option of designating all or part of your pledge to directly support the following categories. If you chose this option, let us know your designated amount below.

- 1. **_\$**_____ Children's Programs including Vision Screenings and Camp I CAN!
- 2. **_\$**_____ Escorted Transportation
- 3. **_\$**_____ Low Vision Services
- 4. **_\$**_____ Client Emergency Fund

For Office Use Only:

Gifts Received (Include Date, Amount & Purpose)

Gift Amount	Ck #	Date	Purpose
_____	_____	_____	_____
_____	_____	_____	_____



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