W. R. Bryan Diabetic Eye Disease Research Fund

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Your Name: |  | | | Date Submitted: | |  | |
| Your Phone: |  | | | Your e-mail: |  | | |
| Lion District: | |  | (if applicable) | | | |  |

**Select Award and Choice of Plaque or Shirt (If applicable, club may designate recipient):**

|  |  |
| --- | --- |
|  | **A Knight for Sight certificate and Bryan pin tab are awarded for a contribution of $100 to the** |
|  | **W. R. Bryan Diabetic Eye Disease Research Fund.** |
|  |  |
|  | **A Bryan Fellow plaque and Bryan pin are awarded for a donation of $500 to the W. R. Bryan** |
|  | **Diabetic Eye Disease Research Fund. This can be accomplished over a consecutive two-year period.** |
|  | **Plaque and lapel pin for club president (or club’s designee)**  **– OR –**  **OLERF Shirt and lapel pin for club president (or club’s designee) Size \_\_\_** |

**PLEASE PRINT SO ENGRAVING IS CORRECT ON THE PLAQUE**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Donor or Club Name:** | | | | |  | | | | | | |
| **Recipient:** | |  | | | | | | | | | |
| **In Memory of** | |  | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |  | | |
| **Award to be Sent to:** | | | |  | | | | | | | |
| **Address – Street:** | | | |  | | | | | | | |
| **City:** |  | | | | | **State:** | |  | | **Zip:** |  |
| **Special Instructions:** | | |  | | | | | | | | |
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Contributions to the Ohio Lions Eye Research Foundation are tax deductible under section 501 C 3 of the Internal Revenue Code. Send form and check to your **district OLERF Trustee**.