



William L. Woolard
Partner-in-Service



Application

Recipient's Name _____

Address _____

City, State, Zip _____

Lions Member: Yes No Club _____

Given By _____

Ship To: _____

Shipping Address _____

City, State, Zip _____

Daytime Phone _____ Need by _____

“Partner-in-Service” Levels

	Contribution	Accumulative Contribution
<input type="checkbox"/> Founder	\$100	\$100
<input type="checkbox"/> Supporter	\$200	\$300
<input type="checkbox"/> Friend	\$200	\$500
<input type="checkbox"/> Patron	\$250	\$750
<input type="checkbox"/> Ambassador	\$250	\$1,000
<input type="checkbox"/> Knight	\$250	\$1,250
<input type="checkbox"/> Partner	\$250	\$1,500

Amount Enclosed _____

I wish to pay by Credit Card

Card Type Visa Master Card

Card Number _____ Expiration Date _____

Signature _____

Mail to: North Carolina Lions Foundation
PO Box 39
Sherrills Ford, NC 28673