



Recipient's Name _____

Address _____

City State Zip _____

Is recipient a Lion? YES NO Club _____

Given By _____ Needed By _____

Ship To _____

Shipping Address _____

Shipping City State Zip _____

Phone _____ Email _____

Partner-in-Service Levels

Level	Contribution	Accumulative Contribution	
<input type="checkbox"/> Founder	\$100	\$100	Amount Enclosed _____
<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	

To pay by credit card please complete or call 828-478-2135

Card Type Visa Master Card

Card Number _____

Expiration Date _____ CCV _____

Signature _____

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

OR

Email:
 Eileen@NCLionsInc.org