



APPLICATION FOR  
**Ambassador of Sight**  
 OUR DISTRICT'S HIGHEST HONOR  
 SUPPORTING CONNECTICUT'S LIONS LOW VISION CENTERS

Use this for  
 District 23-A

**RECIPIENT** Please Print Clearly Exactly as Name Should Appear on Plaque

Is this a personal donation?  Yes  No  Recipient as yet unnamed.

Is this a Progressive AOS Award?  Yes  No (recipient has already received an AOS previously)

Individual Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Lionistic Affiliation Club Name \_\_\_\_\_

Check here if this is a Memorial Ambassador of Sight

Print name, complete address and relationship to deceased, of individual to whom plaque is to be presented.

Name \_\_\_\_\_

Address \_\_\_\_\_

**DONOR** Complete **ONLY** if different from recipient. If more than a single donor, please provide a list of donors and amounts on a separate page

Donor Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Lionistic Affiliation Club Name \_\_\_\_\_

This Donation is from  Individual  Club  District  Other

Is this award a Surprise to the Recipient?  Yes  No

Please indicate when you would like the Award presented

Date \_\_\_\_\_  Club Meeting  Mid-Winter Conference  State Convention

Name of Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

of Contact Person: (H) \_\_\_\_\_ (B) \_\_\_\_\_ Special Mailing \_\_\_\_\_

Instructions \_\_\_\_\_

**DONATION**

Ambassador of Sight (Pledge) \* \$1,000 or More \$ \_\_\_\_\_

Yearly Pledge 1<sup>st</sup> Year \_\_\_\_\_ 2<sup>nd</sup> Year \_\_\_\_\_ 3<sup>rd</sup> Year \_\_\_\_\_ 4<sup>th</sup> Year \_\_\_\_\_ 5<sup>th</sup> Year \_\_\_\_\_

- Ambassador of Sight Award is not conferred until the contributing amount has been received.

Full Payment  Partial Payment  Completion of Installments

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Return to: LLVC 23A, Ambassador of Sight Chairman  
 23 Barnabas Rd., Suite 212, Hawleyville, CT 06440