



Sid L. Scruggs III
Beacon of Hope Fellowship

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 _____

“Beacon of Hope” Levels

	Contribution	Accumulative Contribution
<input type="checkbox"/> Lighthouse	\$200	\$200
<input type="checkbox"/> Steps to Service	\$200	\$400
<input type="checkbox"/> Lamp Lighter	\$200	\$600
<input type="checkbox"/> Lighthouse Keeper	\$200	\$800
<input type="checkbox"/> Beacon of Hope	\$200	\$1,000

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