



Memorial

Given in Memory of _____

Please send card to:

Name _____

Address _____

City _____ State _____ Zip _____

Given by:

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Amount _____

Please credit to the _____ Lions Club.

Please enclose check or provide Credit Card information.

Visa or MasterCard accepted

Card number _____ CCV code _____

Signed _____ Exp. Date _____

*(if paying with credit card, the **Given by** address above must match the billing address for the credit card)*

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

Email to: accounting@nclf.org