

## LIONS OF ILLINOIS ENDOWMENT FUND

Yes, I want to help chil	ldren and adults struggling w	ith vision/hearing los	s with a gift:
In honor of:			
In memory of:			
Of get well wishes to:_			
In the amount of:			
Donor/Club Name—Please Pr	rint		
Address			
City	State	Zip	
Email Address	Phone N	Phone Number	
Please notify the family or in	ndividual of my gift to:		
Name			
	State		

Please make checks payable to: Lions of Illinois Endowment Fund

700 N Peace Rd, Suite B
DeKalb, IL 60115

To donate by credit card, please call 815-756-5633 Ext. 351

## THANK YOU FOR YOUR CONTRIBUTION! ALSO, CONSIDER JOINING THE LEGACY CLUB

We hope you will become a Legacy Club Member designating LIEF as a beneficiary in your Will, life insurance policy, retirement plan, trust or other planned giving vehicle. Your legacy will help us to continue transforming the lives of children and adults struggling with vision and hearing loss. If you have any questions about planned giving, please contact the Lions of Illinois Endowment Fund at 815-756-5633.