



# LIONS OF ILLINOIS FOUNDATION DIABETES AWARENESS CAMPAIGN FINAL REPORT



OFFICIAL REPORT of Diabetes Awareness Fund Raising for Humanitarian Services (Blind & Deaf).

\_\_\_\_\_ Yes, our Club participated in Diabetes Awareness on \_\_\_\_\_  
(Dates)

\_\_\_\_\_ NO, our Club was **unable** to participate but enclosed is our donation of \$ \_\_\_\_\_ to  
The Lions of Illinois Foundation Diabetes Awareness Campaign.

CLUB NAME: \_\_\_\_\_ DISTRICT \_\_\_\_\_ CLUB # \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ E-Mail \_\_\_\_\_

**DIABETES AWARENESS RESULTS:** (Please answer ALL questions ONLY if Club participated in Diabetes Awareness)

Number of (Lion) Workers/Volunteers \_\_\_\_\_

Number of Cases of Candy Purchased \_\_\_\_\_ Has candy been purchased & paid for w/ LIF: Yes [ ] No [ ]

Collections from DIABETES AWARENESS \$ \_\_\_\_\_

Collections from UNDERWRITERS \$ \_\_\_\_\_

GROSS TOTAL COLLECTION FROM ALL SOURCES \$ \_\_\_\_\_

COST OF CANDY \$ \_\_\_\_\_

COST OF APRONS (-) \$ \_\_\_\_\_

OTHER COSTS Please explain & list other costs \_\_\_\_\_ (-) \$ \_\_\_\_\_

NET \_\_\_\_\_ \$ \_\_\_\_\_

CONTRIBUTIONS TO: (Please make all checks payable to the Lions of Illinois Foundation)

**THIS MUST EQUAL 60% of NET OR MORE to Lions of Illinois Projects** \$ \_\_\_\_\_

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

Your contributions to the Foundation will make the following projects possible:  
Camp Lions for Children and Adults, Low Vision Program for students and adults, Mobile Retinal Unit, Mobile Hearing Unit, Social Services and Referral, LIF Used Hearing Aid Collection & Hearing Aid Bank (H.A.B.), Used Eyeglass Collections, LIF Fund for Emergency (L.I.F.E.).

**SUBMIT THIS REPORT AND CONTRIBUTIONS NO LATER THAN JUNE 1<sup>ST</sup> 20**

LIONS OF ILLINOIS FOUNDATION  
700 N PEACE RD SUITE B  
DEKALB, IL 60115

815-756-5633 -TELEPHONE 815-758-8157- FAX [dortega@lifnd.org](mailto:dortega@lifnd.org) - EMAIL