

Lions of Illinois Foundation
Official 2008 4th Annual "Walk for Sight" Final Report

RETURN BY MAY 30, 2008

Or June 1, 2008 at the "Walk for Sight"

Club Name: _____ District #: _____ Club #: _____

Walk for Sight Chair: _____ Phone: (____)____ - _____

Address: _____ City: _____ Zip: _____

Walk for Sight Results:

Donations collected by your Lions Club:..... \$ _____

Donations collected by Name of Organization _____ \$ _____

Donations collected by Name of Organization _____ \$ _____

Donations collected by Name of Organization _____ \$ _____

Donations collected by Name of Organization _____ \$ _____

Donations collected by Name of Organization _____ \$ _____

Donations collected by Name of Organization _____ \$ _____

Total Donations enclosed: \$ _____

(Please make all checks payable to the LIONS OF ILLINOIS FOUNDATION)

Attach copies of all Walker Donation Brochures

Reimbursement Selection –

Please Note: Funds reimbursed must be used for Humanitarian Services

Date: _____ Signature: _____ Title: _____

IMPORTANT: This must be completed and mailed with all funds collected to the Foundation **no later than May 30, 2008.**

Lions of Illinois Foundation
2814 DeKalb Avenue
Sycamore, Illinois 60178

Phone: (815) 756-5633 or (800) 955-5466
Attn.: Dianne Ortega, Ext. 221