



LIONS HOMES FOR DEAF PEOPLE

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ORDER FORM FOR HELEN KELLER FELLOWSHIP AWARD

NOTE: Please complete this form very carefully. Print clearly. The award will be engraved exactly the way you complete the form.

Name of Recipient _____
first middle initial last

MALE FEMALE

Date of Presentation _____

Presenting Club _____

SHIPPING INFORMATION

SHIP TO:

Name _____

Full Address _____

(include Postal Code)

Telephone Work _____

Home _____

Signature _____

OFFICE USE - ORDER CONFIRMATION

DATE INSCRIBED _____

DATE ORDER PLACED _____

AUTHORIZED BY _____

LIONS HOMES OFFER A PLACE TO GROW