

Print

***APPLICATION FOR HONOUR AWARD***

***of***

***LIONS CLUBS NSW-ACT SAVE SIGHT & HEALTH CARE LIMITED***

*ABN: 25 001 232 659*

*the trustee company of*

***§ Lions NSW-ACT Save Sight Foundation Charitable Trust***

*ABN: 57 536 782 464*

*and*

***§ Lions Clubs NSW-ACT Public Health Care Foundation***

*ABN: 75 575 730 056*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Every Honour Award recipient once appointed shall be enrolled as such in Foundation records*

*and shall be entitled to a personally inscribed plaque stating such appointment and a special lapel pin. Please Note: Honour Awards may be paid for over time by instalments but the Secretary must be advised accordingly at the time each payment is made and the award plaque and lapel pin will only be sent after the final payment has been received.*

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*\*I / The* ***\*****Lions /* ***\*****Lioness /* ***\*****Leo /* ***\*****Club of /* ***\*****District 201 N.....................................................................nominate*

*the following* ***\*****person /* ***\*****firm /* ***\*****corporate body /* ***\*****organisation [other than a Lions, Lioness or Leo Club]:*

*...................................................................................................................................*

*[feel free to attach a profile of the nominee]*

*to receive the*

***Prof. Frank Billson Platinum Honour Award*** *(donation: $2,500)* ***Keith Small Gold Honour Award*** *(donation: $1,000.00)*

***Neville Tucker Silver Honour Award*** *(donation: $500.00)* ***Harry Hession Bronze Honour Award*** *(donation: $250.00)*

*Presented by..............................................................................................................*

*[details for inclusion on plaque]*

*\*For / \*In Recognition / \*In Appreciation................................................................*

*...................................................................................................................................*

*[details for inclusion on plaque - maximum 40 characters including spaces]*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*I / We wish the funds to be directed to the*

***\*Lions NSW-ACT Save Sight Foundation***

***\*Lions Clubs NSW-ACT Public Health Care Foundation***

***to both Foundations equally***

*Please find enclosed cheque for the relevant payment made out to the appropriate Foundation.*

*Contact’s Name:............................................................................................... Phone No.: ......................................... Postal Address [for receipt of plaque]:....................................................................................................................................*

*.........................................................................................................................Date:....................................................*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date received by Foundation Secretary:..........................................................*

*Post with payment to:*

***The Secretary***

***Lions Clubs NSW-ACT Save Sight & Health Care Limited***

***P0 Box 2406***

***CARLINGFORD COURT NSW 2118***

***§*** *a Deductible Gift Recipient endorsed charity - CFN11290 - donations are tax deductible.* ***Form Revised February 2023***

**ORDER PLAQUES EARLY AND ALLOW A MINIMUM OF 28 DAYS FOR DELIVERY**