



Oregon Lions  
Sight & Hearing Foundation

**'Lions Club 5-Star Service Award' Application Form**  
**(Please submit by February 1, 2018)**

Lions Club:		
Submitting Club Member Name:		
Mailing Address:		
City:	State:	Zip:
Email:	Phone:	

**Please check (✓) the following activities and programs that your Lions Club participated in or sponsored during the July 1, 2016 – June 30, 2017 Lions year:**

<input type="checkbox"/> Financial contribution to OLSHF ('Parade of Checks' or other financial contribution) <i>Please specify:</i>
<input type="checkbox"/> Lions Eyeglass Recycling Program (LERC) - <i>Eyeglass Drop-off Site:</i>
<input type="checkbox"/> MHSP School or Community Events - <i>List at least one event:</i>
<input type="checkbox"/> Lions Eyeglass Assistance Program (LEAP) - <i>Your LEAP Provider:</i>
<input type="checkbox"/> ROAR! (Hearing Assistance Program) - <i>Your ROAR! Hearing Professional:</i>
<input type="checkbox"/> Patient Care/Mission Cataract Program - <i>Name of PC/MC Recipient:</i>
<input type="checkbox"/> PRIDE Program - <i>Names of at least two club members participating in PRIDE Program:</i>
<input type="checkbox"/> Financial contribution to KEX Kids Fund - <i>Please specify:</i>

Type Name or Sign Here: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

- |                                        |                                     |
|----------------------------------------|-------------------------------------|
| <input type="checkbox"/> Approval      | <input type="checkbox"/> Star Level |
| <input type="checkbox"/> Patch Ordered | <input type="checkbox"/> Convention |