

KLEF Trustee Club Visit Report

Report Due: September ____ November ____ March ____ June ____

Name of Trustee Completing Report: _____

District: K Y Region: 1 2 3 4

Submit Report To: **3rd Vice President Andrea “Nikie” Walker**
416 St Claire Drive
Owensboro, KY 42303
andrea.ward459@gmail.com
502-445-7477 (cell) *(Please submit one report per each club visited)*

Club Visited: _____ Date of Visit: _____

Select the Topics & Items Discussed with Club

- | | |
|---------------------------------------|--|
| KLEF History ____ | Candy Days ____ |
| KidSight Program ____ | Vision Van Program ____ |
| Estate Planning / Planned Giving ____ | Finis Davis Fellowship/Progressive FD ____ |
| Patron Program ____ | Memorials / Honorariums ____ |
| Holloran Program ____ | 20/20 Club ____ |
| Low Vision Clinic ____ | Online Giving Days ____ |
| Drive 4 Sight Golf Scramble ____ | Mr. & Miss KY Basketball Awards Ceremony__ |
| Other KLEF Fundraising Events ____ | Other Financial Ways to Support KLEF ____ |

List Activities and Comments by Club: _____
