

Kentucky Lions Eye Foundation

Trustee Information

Trustee Name _____ Birth Date: ____/____ (month & day)

Contact Phone Number () _____ E-mail _____

Lions Club: _____ District _____ Region _____

Mailing Address: _____

City/State/Zip: _____

Please choose 3 committees that you are interested in serving on, rate in order of importance, with number one as your first choice.

Basketball	1	2	3
By-Laws/Nominating	1	2	3
Eye Bank	1	2	3
Eye Clinic	1	2	3
Finance/Investment	1	2	3
Holloran Trust	1	2	3
Liaison	1	2	3
Patrons Fund	1	2	3
Personnel	1	2	3
Planning	1	2	3
Trustee Training	1	2	3
Vision Screenings	1	2	3

Combinations: ByLaws and Nominating Committees

Planning Committee: (FundRaising, and Strategic Planning)

Vision Screenings: Vision Van and KidSight

Mail To: Kentucky Lions Eye Foundation

301 E. Muhammad Ali Blvd.

Louisville KY 40202