



Lions Pride Memorial/Honorarium Form



Gift Enclosed \$ _____

Charge to my Credit Card \$ _____

Credit Card Number

Expiration Date

Please accept the gift above In Honor In Memory of _____

Donor Name(s) _____

Phone _____

Address _____

Email _____

City _____

State/Zip _____

Make check payable to the Lions Pride Endowment Fund
Mail to Lions Pride, 3834 County Rd A, Rosholt, WI 54473
www.lionspride.org ~ 715.677.7000 ~ prideoffice@lionspride.org

Please mail an acknowledgement card to...

Name _____

City _____

Address _____

State/Zip _____